

PROJECT 10073 RECORD

1. DATE - TIME GROUP Mar or Apr 68 (Conflicting)	2. LOCATION Dayton, Ohio	Direct Academy ALTN: Studies Inst Archives Branch Maxwell AFB, Alabama RETURN TO:	(Witnesses) 1-6 May 1968 10073-1010-1
3. SOURCE - Civilian	10. CONCLUSION CONFLICTING DATA		
4. NUMBER OF OBJECTS One			
5. LENGTH OF OBSERVATION 5 - 6 Minutes	11. BRIEF SUMMARY AND ANALYSIS SEE CASE FILE		
6. TYPE OF OBSERVATION Ground-Visual	COMMENTS: The observer called the duty officer to report a UFO sighting for 16 May 68. Since there was insufficient data in this report a 117 was sent to the observer. (none was sent to the witness). The form was later returned and the exact date was not given, the sighting was given only as April 68. The time the sighting also differed by aprox. 1 hour. We also received a completed form 117 from the listed observer for the 16 May 68 sighting. This form also listed the month of the observation as April 68. Since no date is given on either form and since both the month, time, and course are conflicting, the sighting is both insufficient and conflicting data.		
7. COURSE Conflicting			
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
EYEGASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>45</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>50</u>
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.	
<p><i>It looked like sunset turned upside down.</i></p>	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

on pictures

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED]
 [REDACTED]
Duylon, Ohio 45431

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

[REDACTED]

ADDRESS (Street, City, State, and Zip Code)

[REDACTED] Ave Duylon Ohio 31

TELEPHONE (Area Code and Number)

[REDACTED]

AGE

14

MALE

☒ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME *My family* DAY _____ MONTH *4* YEAR *68*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY *29* MONTH *5* YEAR *68*

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

I think this covered
it pretty well.
If more information
is needed I would be
willing to give it.

Thank you
Jared

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-2258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY _____ MONTH 4 YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 8 MINUTES 35 ☐ A.M. ☒ P.M.

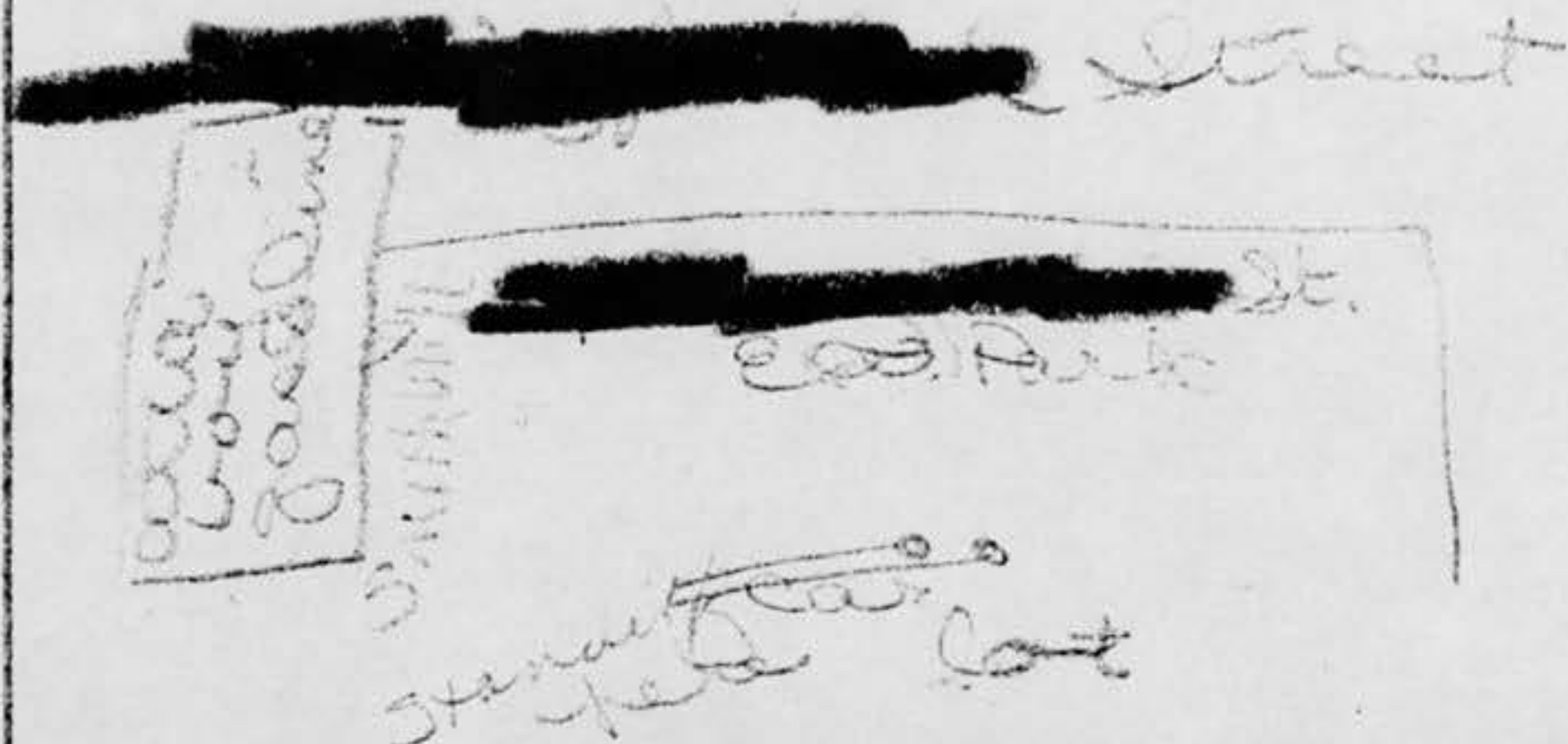
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 8 MINUTES 40 ☐ A.M. ☒ P.M.

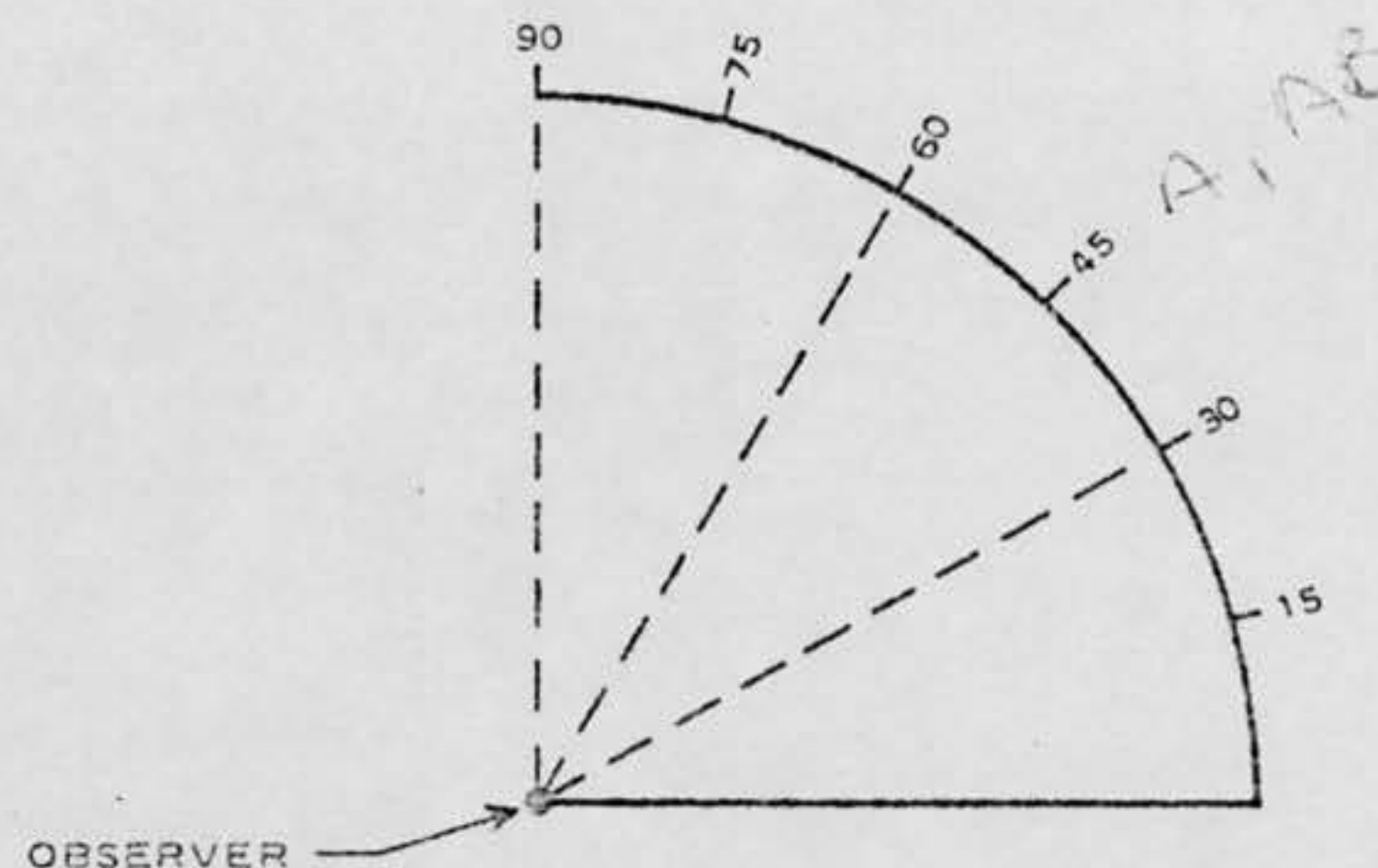
4. TIME / ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

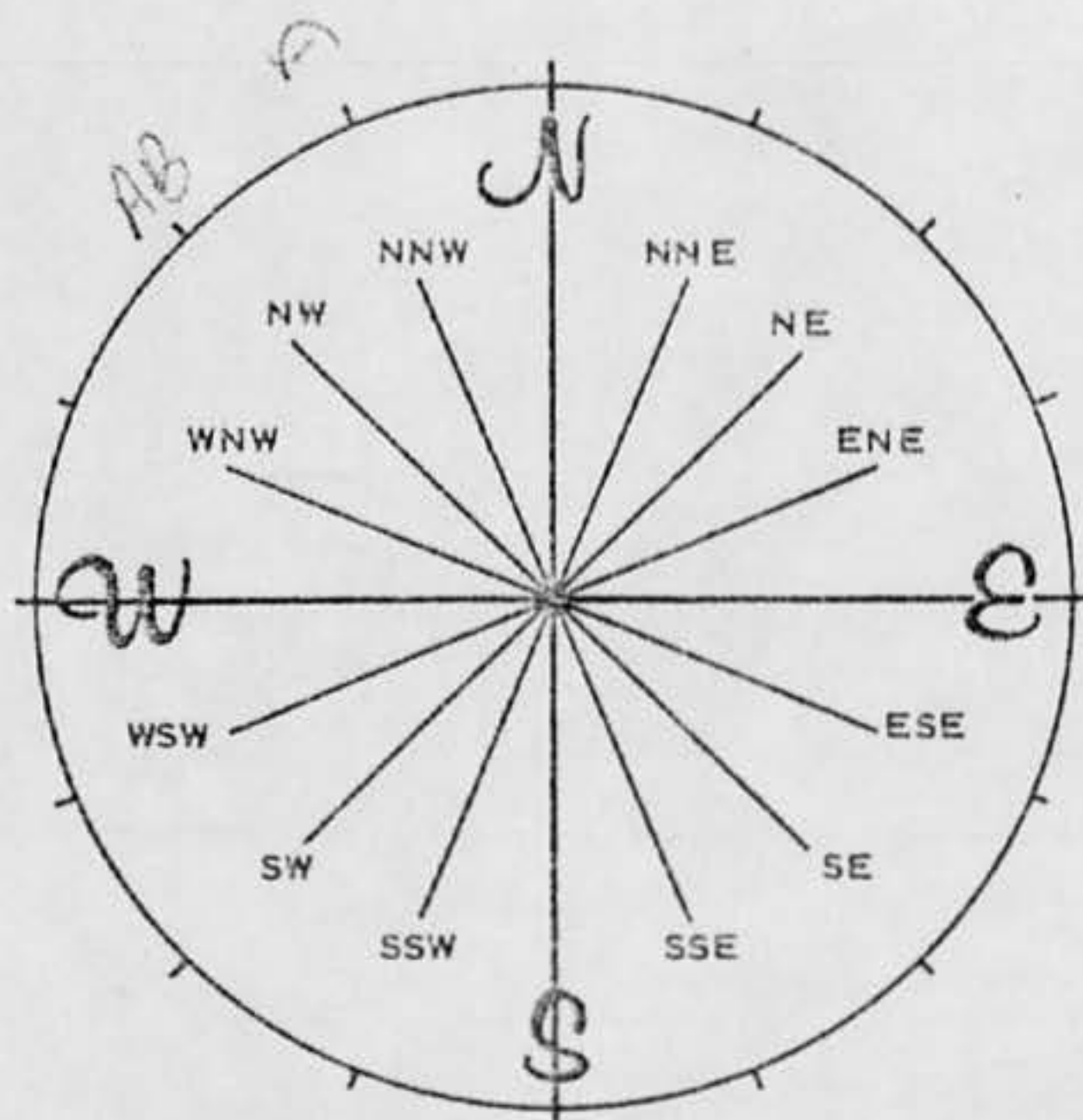
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.



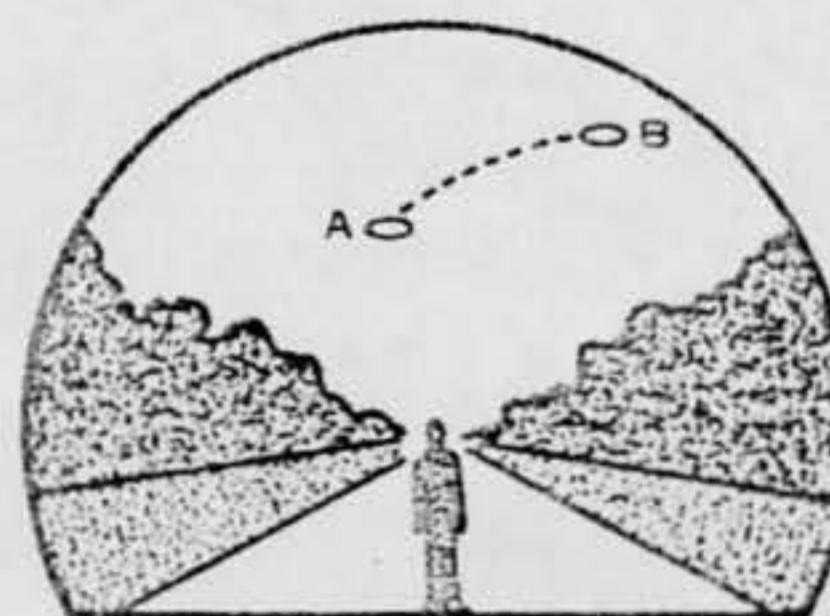
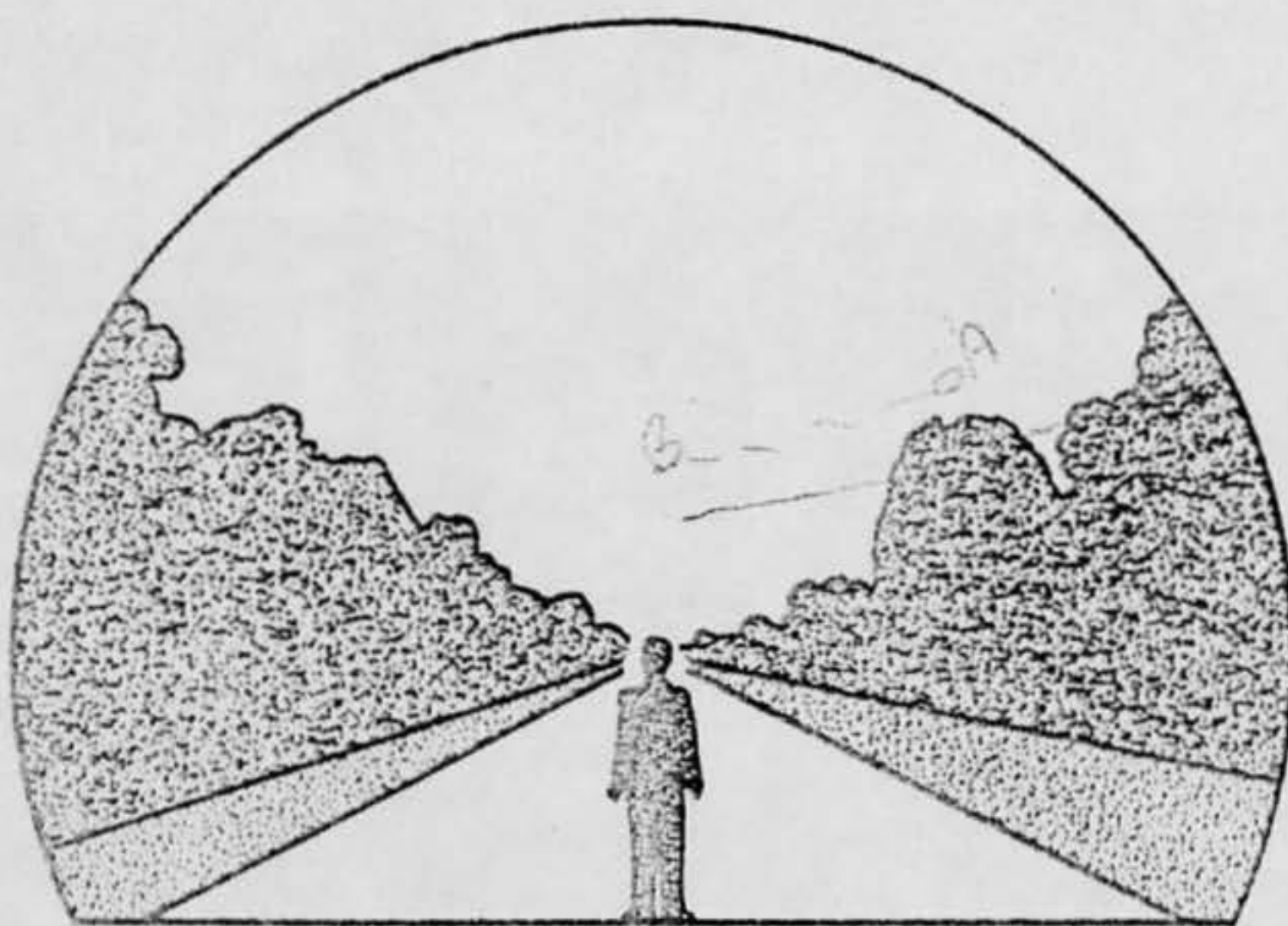
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE. WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



- 5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



2. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/> OUTDOORS <i>walking</i>	<input type="checkbox"/> IN BUSINESS SECTION OF CITY		
<input type="checkbox"/> IN BUILDING	<input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY		
<input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/> IN OPEN COUNTRYSIDE		
<input type="checkbox"/> IN BOAT	<input type="checkbox"/> NEAR AIRFIELD		
<input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/> FLYING OVER CITY		
<input type="checkbox"/> OTHER	<input type="checkbox"/> FLYING OVER OPEN COUNTRY		
<input type="checkbox"/> OTHER			
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input checked="" type="checkbox"/> NORTH	<input type="checkbox"/> EAST	<i>120 mph</i>	
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	<input type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE	
<i>5 min.</i>	<input checked="" type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS	
HOW WAS TIME DETERMINED?			
<i>Watch, went home before going to store</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

Only one

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input checked="" type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input type="checkbox"/> NIGHT		<input checked="" type="checkbox"/>	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input type="checkbox"/> CLEAR		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> HAIL
<input checked="" type="checkbox"/> PARTLY CLOUDY		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> HAZE OR SMOG	<input checked="" type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT
<input type="checkbox"/> A FEW	<input checked="" type="checkbox"/> NO MOONLIGHT
<input type="checkbox"/> MANY	<input type="checkbox"/> MOON WITH HALO
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> MOON HIDDEN BY CLOUDS
	<input type="checkbox"/> PARTIAL (New or quarter)

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☒ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Street lights

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Grayish Silver
Sharp Edges
Solid
Light around

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	✓		
	STAND STILL AT ANYTIME?		✓	
	SUDDENLY SPEED UP AND RUN AWAY?		✓	
	BREAK UP IN PARTS AND EXPLODE?		✓	
	CHANGE COLOR?		✓	
	GIVE OFF SMOKE?		✓	
	CHANGE BRIGHTNESS?		✓	
	CHANGE SHAPE?		✓	
	FLASH OR FLICKER?		✓	
	DISAPPEAR AND REAPPEAR?	✓		
	SPIN LIKE A TOP?		✓	
	MAKE A NOISE?		✓	
	FLUTTER OR WOBBLE?			

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

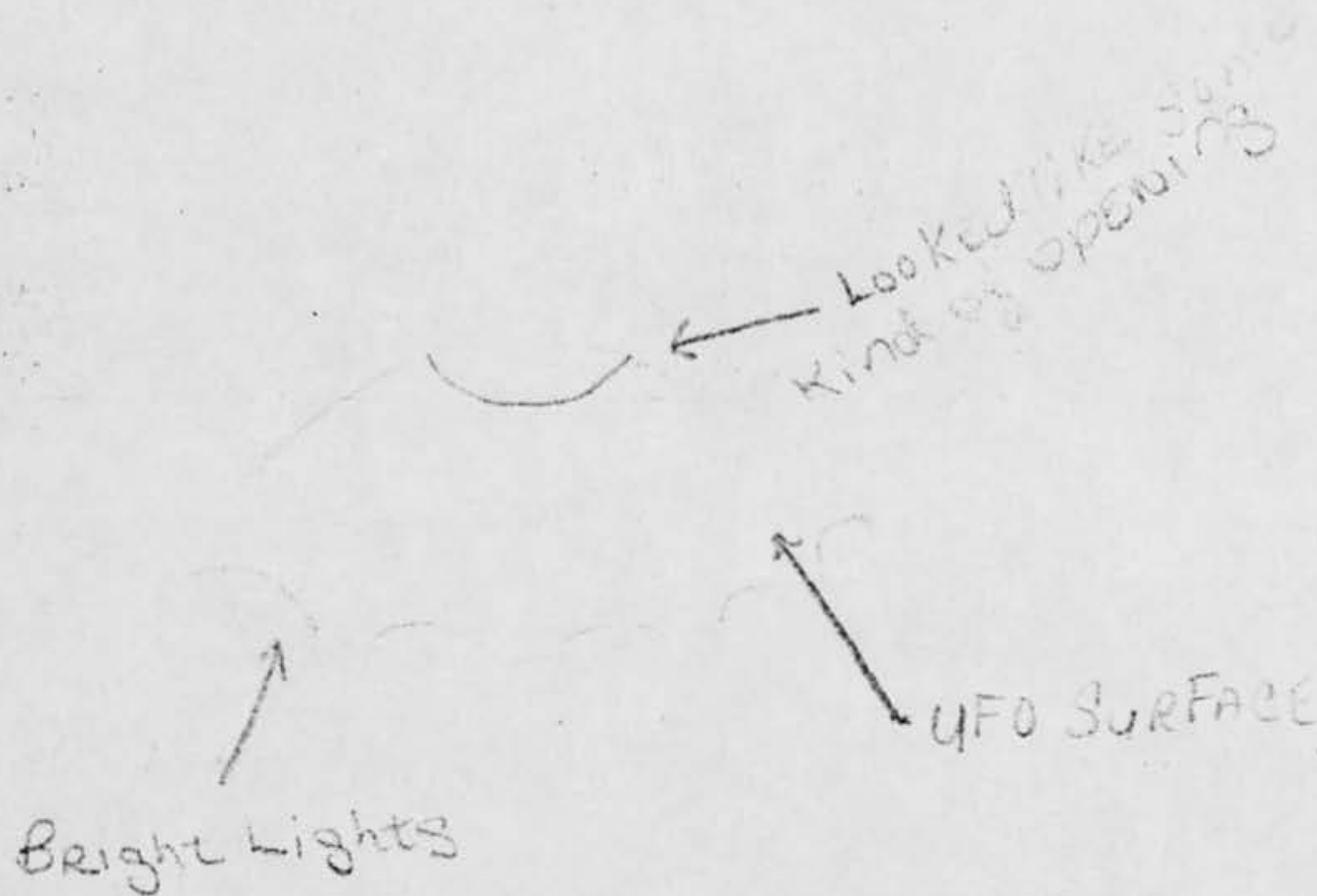
Because we what it was

A. HOW DID IT FINALLY DISAPPEAR?

Moved in the same direction and same speed, we kept our eyes on it until it disappeared

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☒ NO. IF "YES," DESCRIBE.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

size of small airplane

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
EYEGASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER <i>other</i>
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <i>40</i>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <i>55 yds</i>
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. <i>Source looked upside down but more rounder at the top.</i>	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R259

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY _____ MONTH 4 YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 8 MINUTES 30 ☐ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 8 MINUTES 30 ☐ A.M. ☒ P.M.

4. TIME ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

Smithville & Springfield St.

Springfield St.

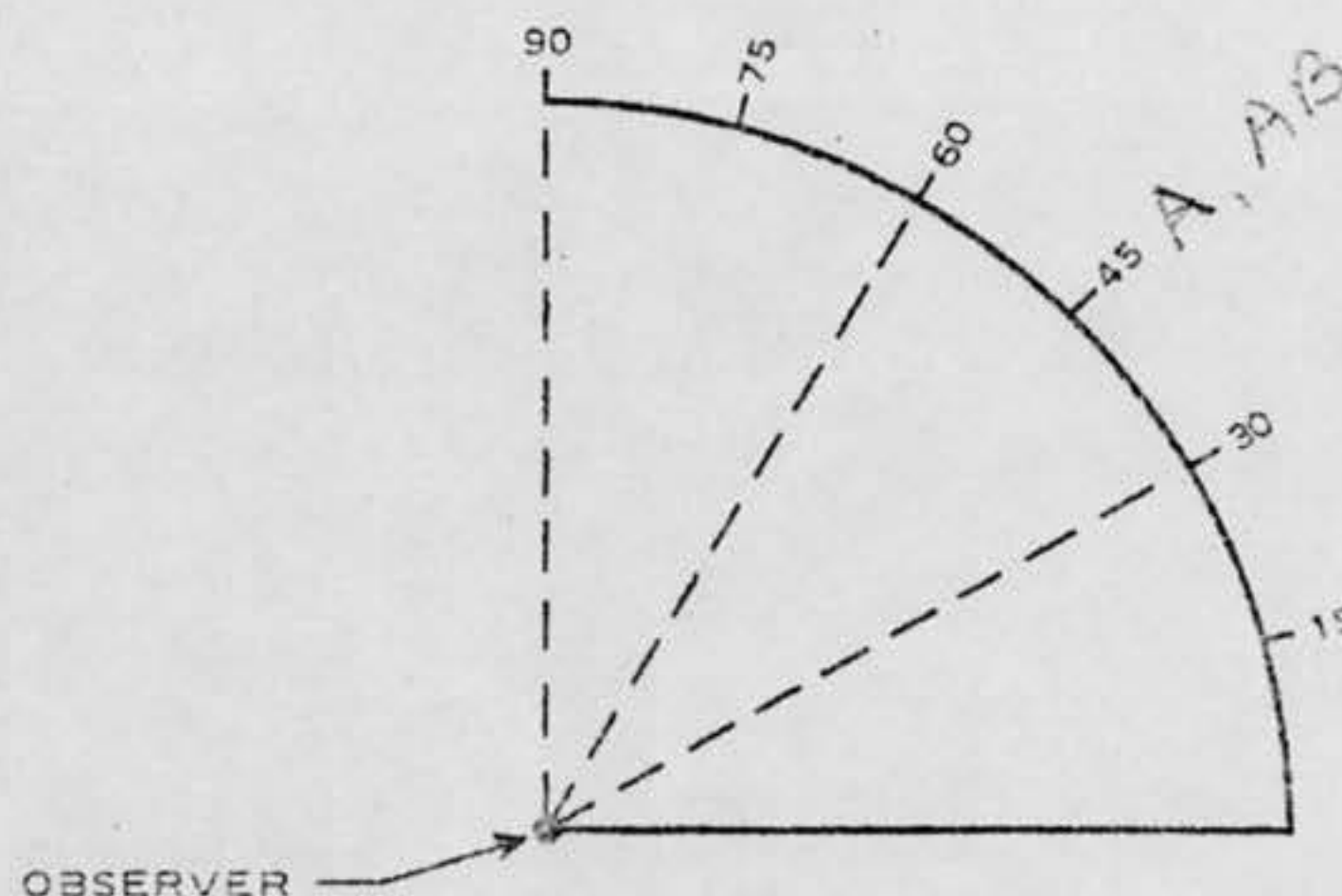
Eastwood

Smithville

Car

100

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



SMC

1003792

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

nothing like it in a UFO magazine picture

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED]

Dayton Ohio

45431

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

[REDACTED] (Colleen) (Dot)

ADDRESS (Street, City, State and Zip Code)

[REDACTED] Dayton Ohio 45431

TELEPHONE (Area code and number)

[REDACTED] 513

AGE

14

MALE

☒

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME My family DAY MONTH 4 YEAR 68

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 20 MONTH 5 YEAR 68

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE.
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

I am not going to ask
just give me a ring.

Thank you

[REDACTED]

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE OHIO 45433



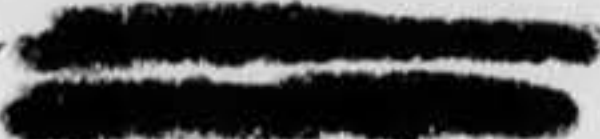
REPLY TO
ATTN OF:

TDPT (UFO)


SUBJECT

UFO Observation , 16 May 1968

TO:


Dayton, Ohio 45431

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

16 MAY 1968
Day Month Year

2. Time of day:

19 30
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

[REDACTED] MADRIVER TOWNSHIP OHIO
Nearest Postal Address City or Town State or County

5. How long was object in sight? (Total Duration)

FIVE
Hours Minutes Seconds

a. Certain

c. Not very sure

b. Fairly certain

d. Just a guess

5.1 How was time in sight determined? CLOCK IN DEPT STORE

5.2 Was object in sight continuously? Yes ✓ No _____

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

TWILIGHT

NIGHT
a. Bright
b. Cloudy

JUST A LITTLE

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

N/A

14. Did the object disappear while you were watching it? If so, how?

MOVED ON

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No ☐ Don't Know. IF you answered YES, then tell what it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☒ No ☐ Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

a. Sound NONE

b. Color _____

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

APPEARED ROUND

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

☒ No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

No

MORE THAN ONE, LESS THAN 5 miles

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?

(Circle One):

a. Inside a building

b. In a car

☒ c. Outdoors

d. In an airplane (type)

e. At sea

f. Other ON SIDEWALK

23. Were you (Circle One)

☒ a. In the business section of a city?

b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

No

N/A

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

☒ No

e. Binoculars

Yes

☒ No

b. Sun glasses

Yes

☒ No

f. Telescope

Yes

☒ No

c. Windshield

Yes

☒ No

g. Theodolite

Yes

☒ No

d. Window glass

Yes

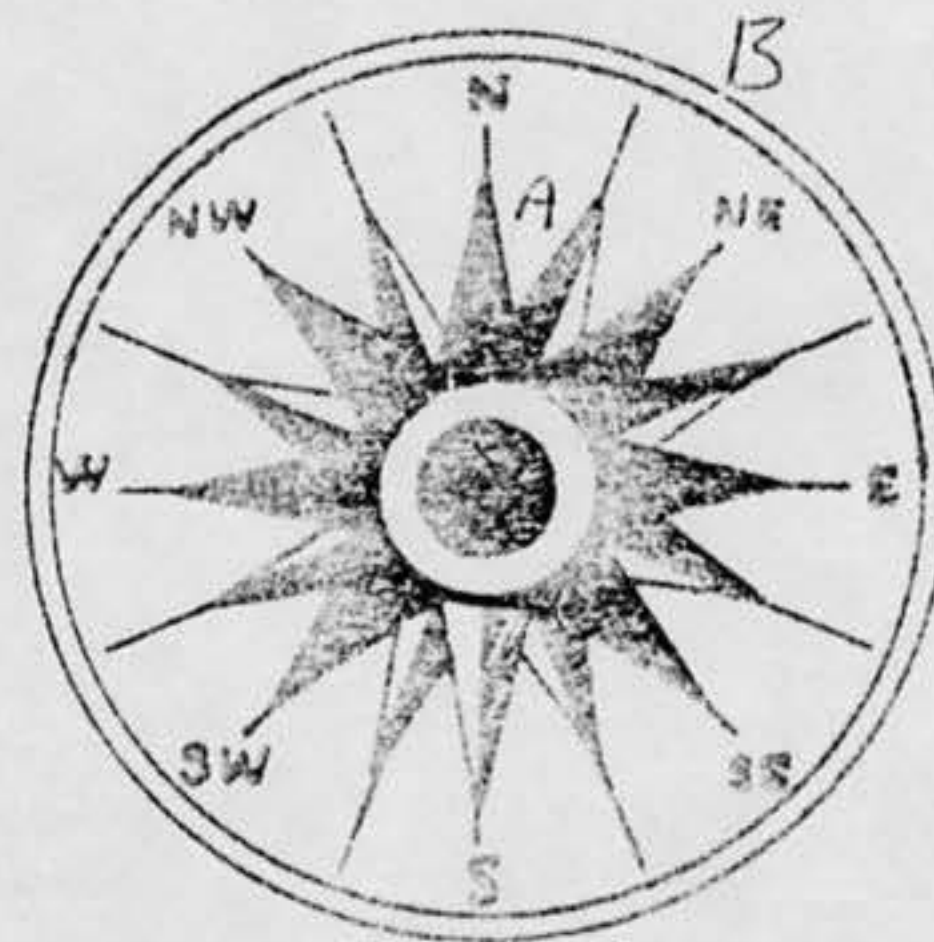
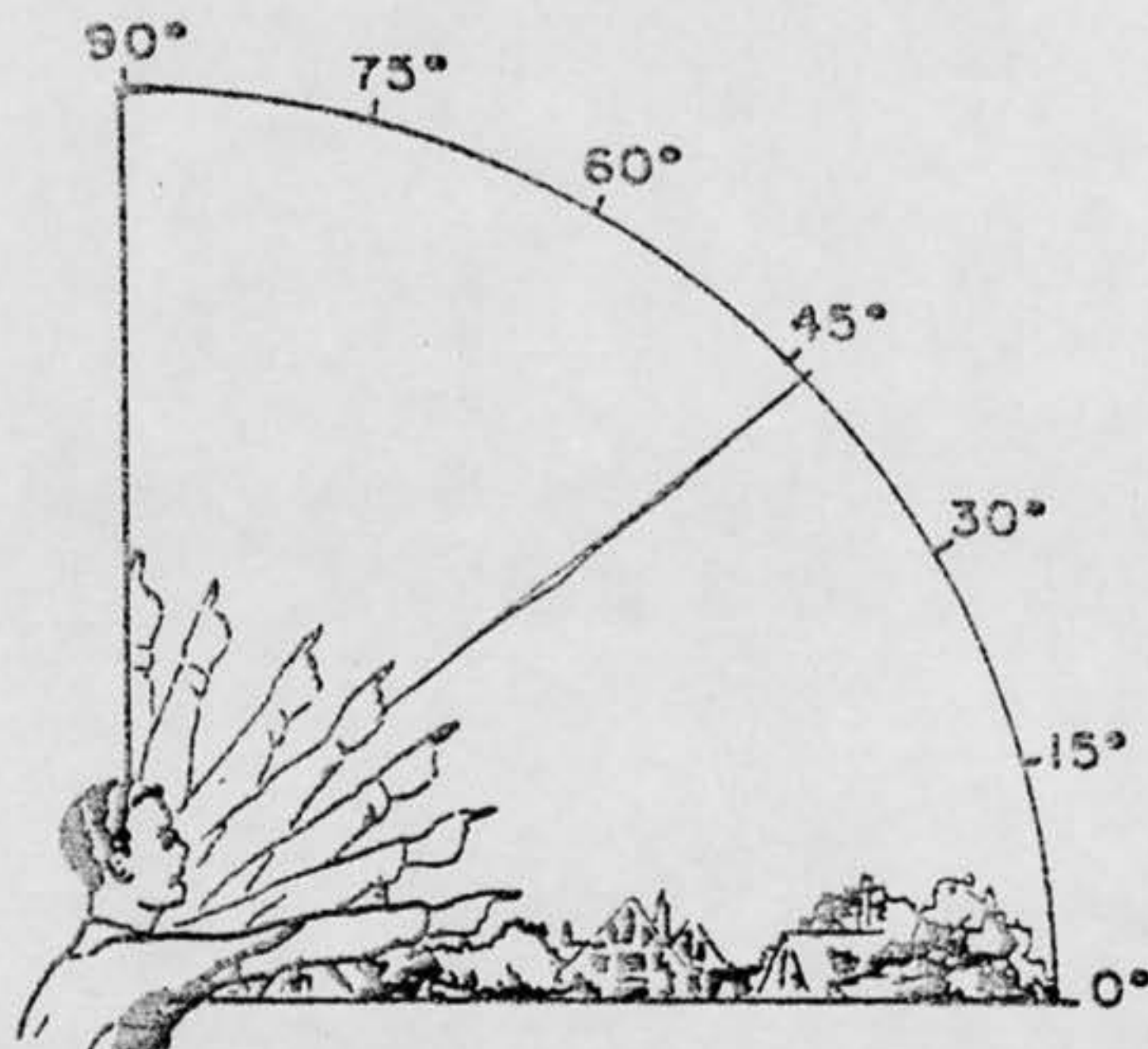
☒ No

h. Other _____

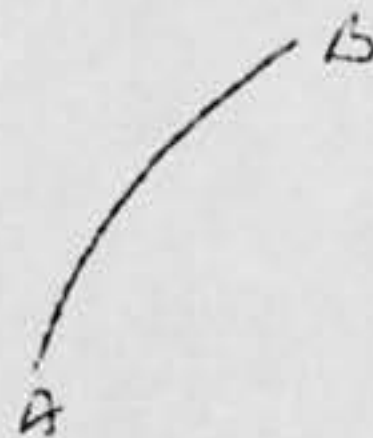
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Continuous light bulbs

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? JUST ONE
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

NEVER BEFORE

☒ Yes ☐ No

☒ Yes ☐ No

~~_____~~

45431

[REDACTED]

NAME _____
Last Name First Name Middle Name

ADDRESS _____
Street City Zone State

TELEPHONE NUMBER ? AGE TEENAGE SEX GIRL

Indicate any additional information about yourself, including any special experience, which might be pertinent.

~~N/A~~

Day Month Year

34. Date you completed this questionnaire:

16

Day

May

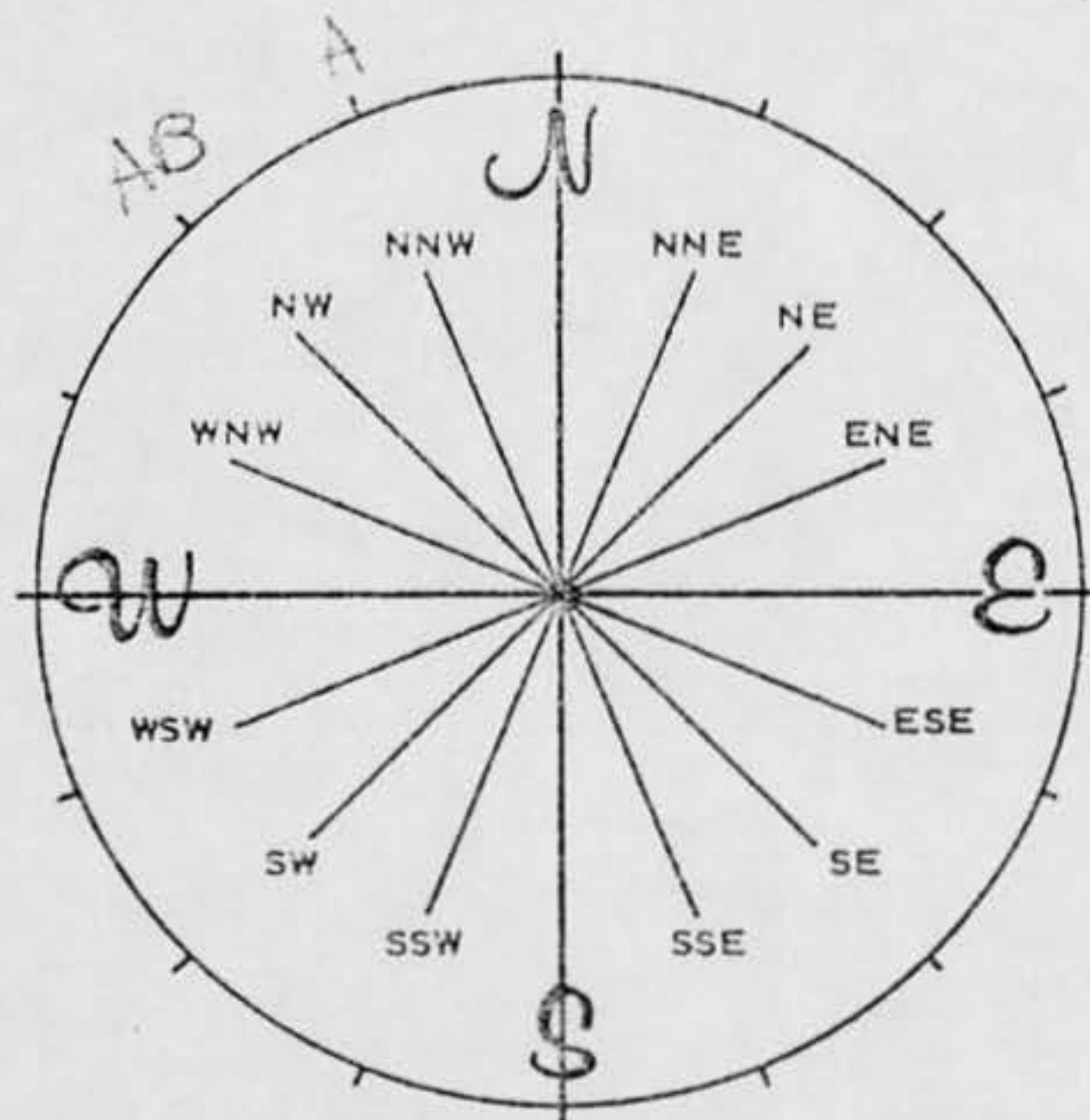
Month

68

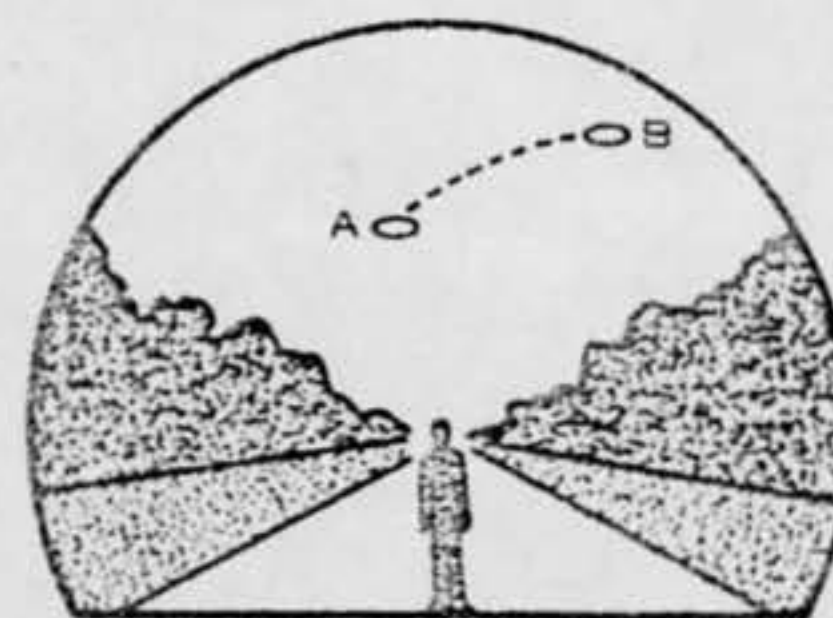
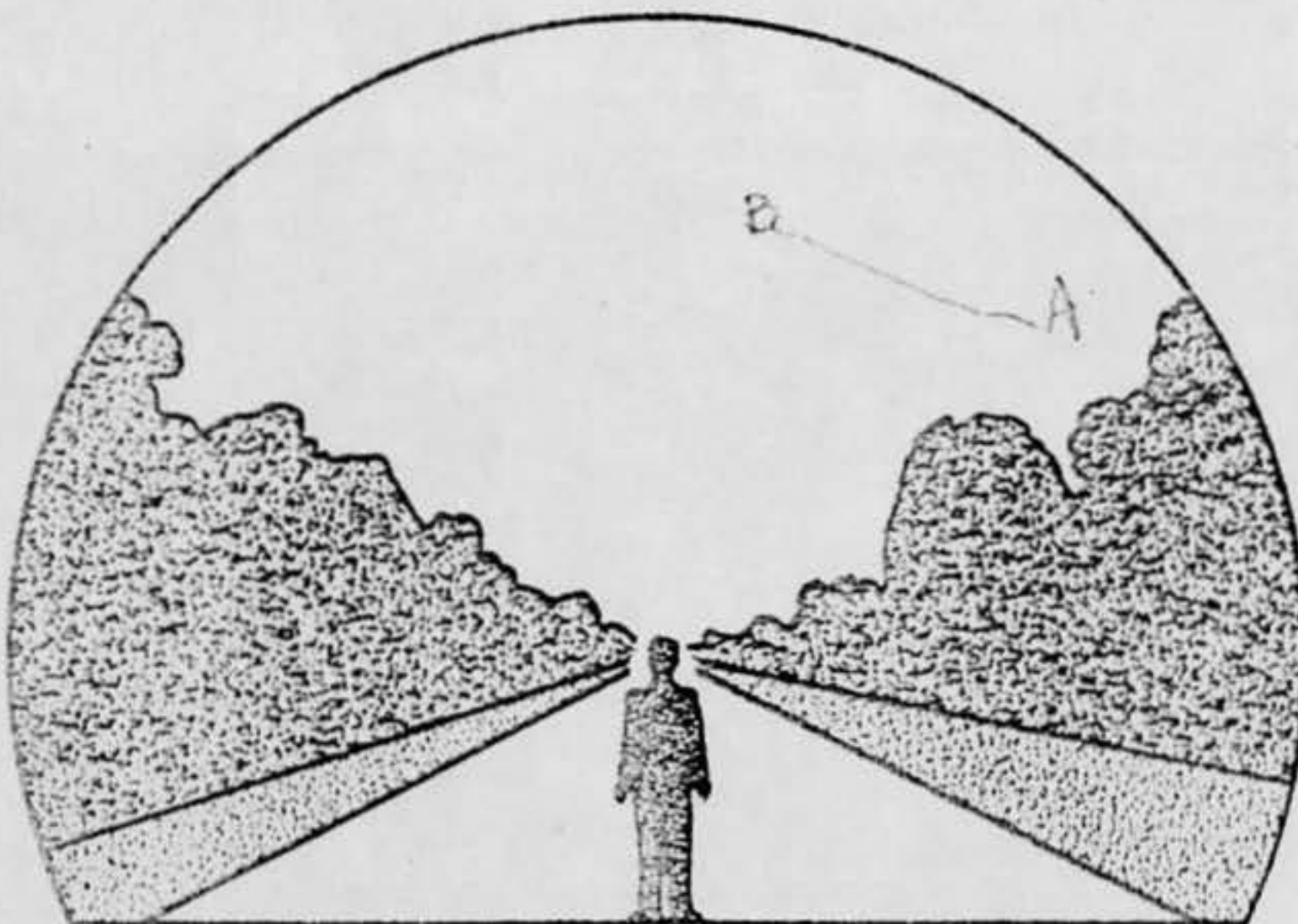
Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



PROJECT 10073 RECORD

1. DATE - TIME GROUP 3 Mar 68 04/0230Z	2. LOCATION Dayton, Ohio (2 Witnesses)
3. SOURCE Civilian	10. CONCLUSION Probable (AIRCRAFT)
4. NUMBER OF OBJECTS One	Observer and witness were sent a form 117 but failed to return it as of this date. The observation appears to be an aircraft.
5. LENGTH OF OBSERVATION 10 Minutes	11. BRIEF SUMMARY AND ANALYSIS Observer sighted an object that looked like a star but it was moving. The observer stated the colors as red and white and said he heard a noise like a muffled jet engine.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE W to S	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



MAR 13 1968


REPLY TO
ATTN OF: TDPT/UFO

SUBJECT: UFO Observation, 3 March 1968

TO:

[REDACTED]
Dayton, Ohio 45401

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

 JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE OHIO 45433



REPLY TO
ATTN OF: TDPT (UFO)


MAR 13 1968

SUBJECT: UFO Observation, 3 March 1968

TO:

[REDACTED]
Dayton, Ohio 45401

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 3 March 1968, would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

 HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

Duty Officer Report

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

3 MAR '68
Day Month Year

2. Time of day: 2:30
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other

(Circle One): a. Daylight Saving
b. Standard

local

4. Where were you when you saw the object?

[REDACTED]
Nearest Postal Address

Dayton
City or Town

Ohio, Hamilton
State or County

5. How long was object in sight? (Total Duration)

10 until they called
Hours Minutes Seconds

a. Certain
b. Fairly certain

c. Not very sure
d. Just a guess

5.1 How was time in sight determined?

5.2 Was object in sight continuously?

Yes / No _____

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

W/A

Send a 111 to [unclear]

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- ☒ c. Many
- d. Don't remember

8.2 MOON (Circle One):

- ☒ a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- ☒ a. Solid
- b. Transparent
- c. Vapor
- ☒ d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- ☒ c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

comparable to regular star

12. The edges of the object were:

- (Circle One):
- ☒ a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- | | | | |
|---|--------------------------------------|----|------------|
| a. Appear to stand still at any time? | Yes | No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | No | Don't know |
| c. Break up into parts or explode? | Yes | No | Don't know |
| d. Give off smoke? | Yes | No | Don't know |
| e. Change brightness? | Yes | No | Don't know |
| f. Change shape? | <input checked="" type="radio"/> Yes | No | Don't know |
| g. Flash or flicker? | Yes | No | Don't know |
| h. Disappear and reappear? | Yes | No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No ☐ Don't Know. IF you answered YES, then tell what it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☒ No ☐ Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

- a. Sound like a jet engine or generator
 b. Color dark

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

all of it

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

round

part of the object of it; -
this is the sound
object

20. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? very slow; height 6000 ft

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? 1000 ft in atmosphere

22. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- ☒ c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

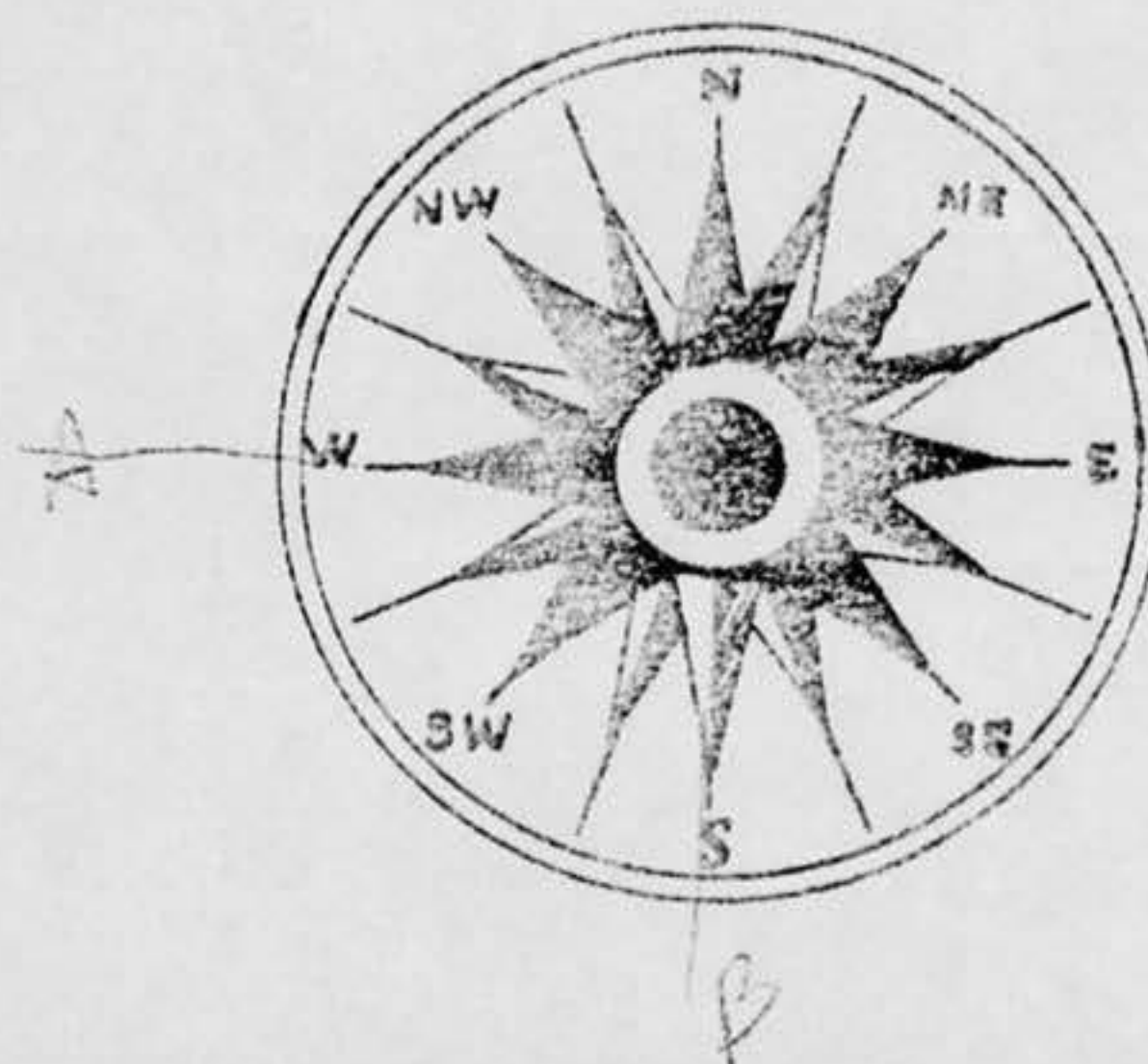
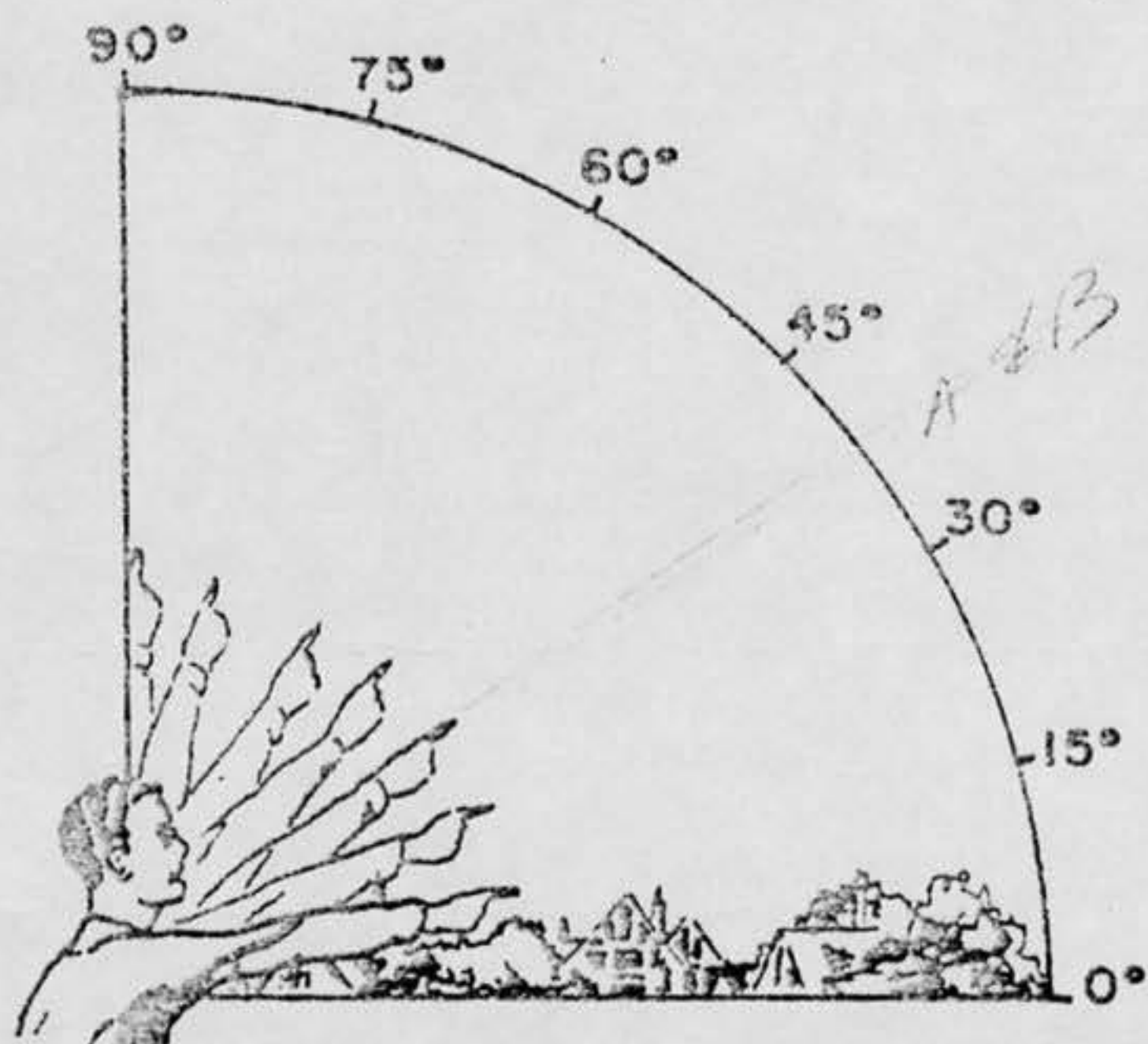
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|----|----------------|--------------------------------------|-------------------------------------|
| a. Eyeglasses | Yes | No | e. Binoculars | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other _____ | | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

like a star, that is, very bright

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? only 1
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

SDO

31. Was anyone else with you at the time you saw the object? (Circle One)

☒ Yes

☐ No

*himself
parent
grandmother
neighbor*

31.1 IF you answered YES, did they see the object too? (Circle One)

☒ Yes

☐ No

31.2 Please list their names and addresses:

1st saw it (15 years old)
1st saw it (14 years old)

[Redacted]

32. Please give the following information about yourself:

SDO filter information from 214000 telephone call.

NAME _____
Last Name First Name Middle Name

3rd

ADDRESS _____
Street City Zone State

TELEPHONE NUMBER _____ AGE _____ SEX _____

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

SDO

3 *Mar* *'68*
Day Month Year

PROJECT 10073 RECORD

1. DATE & TIME GROUP 4 Mar 68	2. LOCATION Dayton, Ohio (1 Witness)
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION Not Reported	11. BRIEF SUMMARY AND ANALYSIS SEE CASE
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE See Case	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
OUTDOORS		IN BUSINESS SECTION OF CITY	
IN BUILDING		IN RESIDENTIAL SECTION OF CITY	
IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		IN OPEN COUNTRYSIDE	
IN BOAT		NEAR AIRFIELD	
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY	
OTHER <i>working</i>		FLYING OVER OPEN COUNTRY	
		OTHER	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input checked="" type="checkbox"/> NORTH	<input type="checkbox"/> EAST	<i>slowly</i>	
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		CERTAIN OF TIME	NOT VERY SURE
<i>about six min</i>		<input checked="" type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED?			
<i>I had to be home at 9:00</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



MAR 5 1968

REPLY TO
ATTN OF:

TDPT/UFO

SUBJECT:

UFO Observation, 4 March 1968

TO:

[REDACTED]
Dayton, Ohio 45432

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

MEMO FOR RECORD

5 March 1968

SUBJECT: UFO Observation, 4 March 1968

Object was seen 10 seconds and looked like a white light going West then stopped and went up 20 ft. It then turned and went East and was pointed and had a white flame coming out of the rear.

PROJECT 10073 RECORD

1. DATE - TIME GROUP 05/0620Z	2. LOCATION Dayton, Ohio (1 Witness)
3. SOURCE [Redacted]	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS Two	Witness did not return form within 30 day period.
5. LENGTH OF OBSERVATION 1 Hour	11. BRIEF SUMMARY AND ANALYSIS Witness observed one bright and one dim object for one hour. There was a clear sky and observer did not see any stars. Objects looked like large lights. Data given to duty officer which was quite sketchy, therefore, AF Form 117 was sent to witness.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE Stationary	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FORM

100-100-100 (100-1) - [Redacted] of this form may be used.

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433

5 March 1968



24 APR 1968

REPLY TO
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation, March 5, 1968

TO:

[REDACTED]
Dayton, Ohio 45405

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on ~~March 5, 1968~~ March 5, 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

H
HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

Plenty off. Right

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

05 Mar 68
Day Month Year

2. Time of day: 01 20
Hour Minutes

(Circle One): (A.M.) or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

[Redacted]

Nearest Postal Address

Dayton
City or Town

OHIO
State or County

5. How long was object in sight? (Total Duration)

1 00 00
Hours Minutes Seconds

a. Certain
b. Fairly certain

c. Not very sure
d. Just a guess

5.1 How was time in sight determined? estimate

5.2 Was object in sight continuously? Yes _____ No X

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

Sept 117

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- ☒ a. None
- ☐ b. A few
- ☐ c. Many
- ☐ d. Don't remember

8.2 MOON (Circle One):

- ☐ a. Bright moonlight
- ☐ b. Dull moonlight
- ☒ c. No moonlight - pitch dark
- ☐ d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- ☒ a. Clear sky
- ☐ b. Hazy
- ☐ c. Scattered clouds
- ☐ d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- ☐ b. Fog, mist, or light rain
- ☐ c. Moderate or heavy rain
- ☐ d. Snow
- ☐ e. Don't remember

10. The object appeared: (Circle One):

- ☐ a. Solid
- ☐ b. Transparent
- ☐ c. Vapor
- ☒ d. As a light
- ☐ e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- ☒ a. Brighter
- ☐ b. Dimmer
- ☐ c. About the same
- ☐ d. Don't know

11.1 Compare brightness to some common object:

neb

12. The edges of the object were:

- (Circle One):
- ☐ a. Fuzzy or blurred
 - ☐ b. Like a bright star
 - ☒ c. Sharply outlined
 - ☐ d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- | | | | |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | Don't know |
| b. Suddenly speed up and rush away at any time? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| c. Break up into parts or explode? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | Don't know |
| f. Change shape? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| h. Disappear and reappear? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No Don't Know. IF you answered YES, then tell what it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☒ No Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

a. Sound no

b. Color no

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

can't do

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.

looked like a large light

20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

No

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?

(Circle One):

a. Inside a building

b. In a car

c. Outdoors

d. In an airplane (type)

e. At sea

f. Other _____

23. Were you (Circle One)

a. In the business section of a city?

b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

No

e. Binoculars

Yes

No

b. Sun glasses

Yes

No

f. Telescope

Yes

No

c. Windshield

Yes

No

g. Theodolite

Yes

No

d. Window glass

Yes

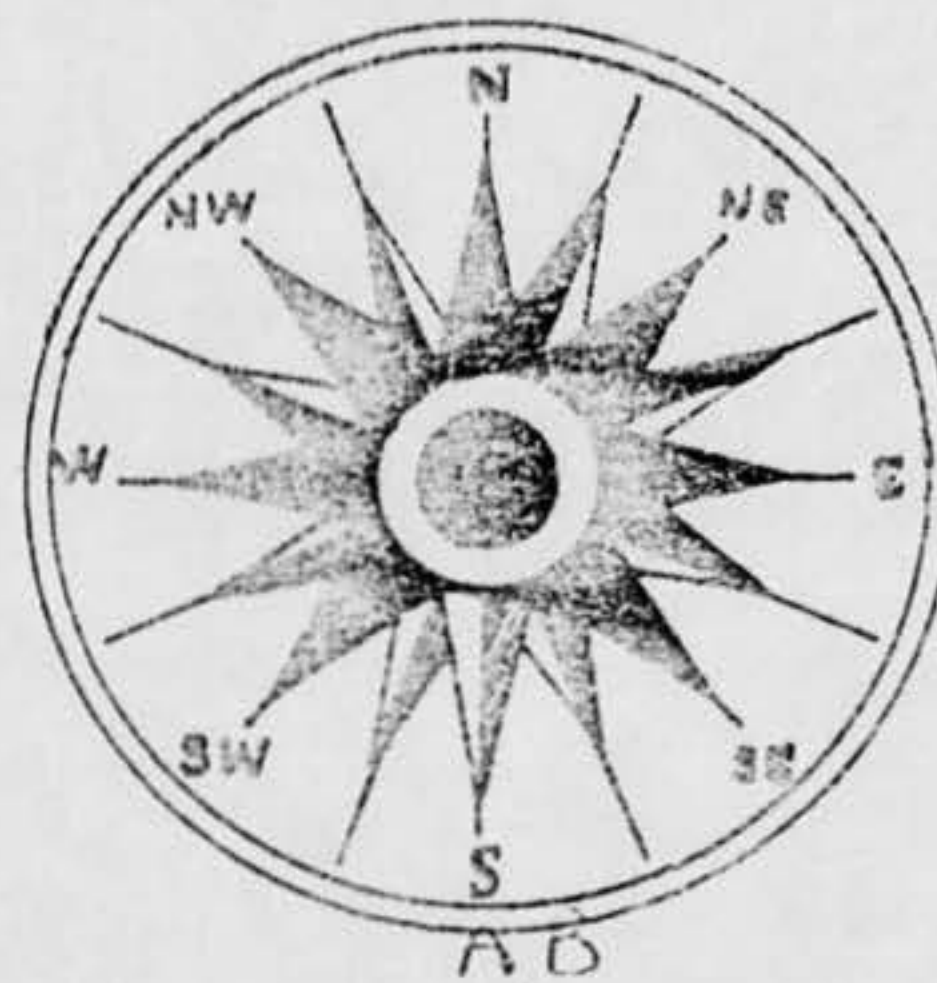
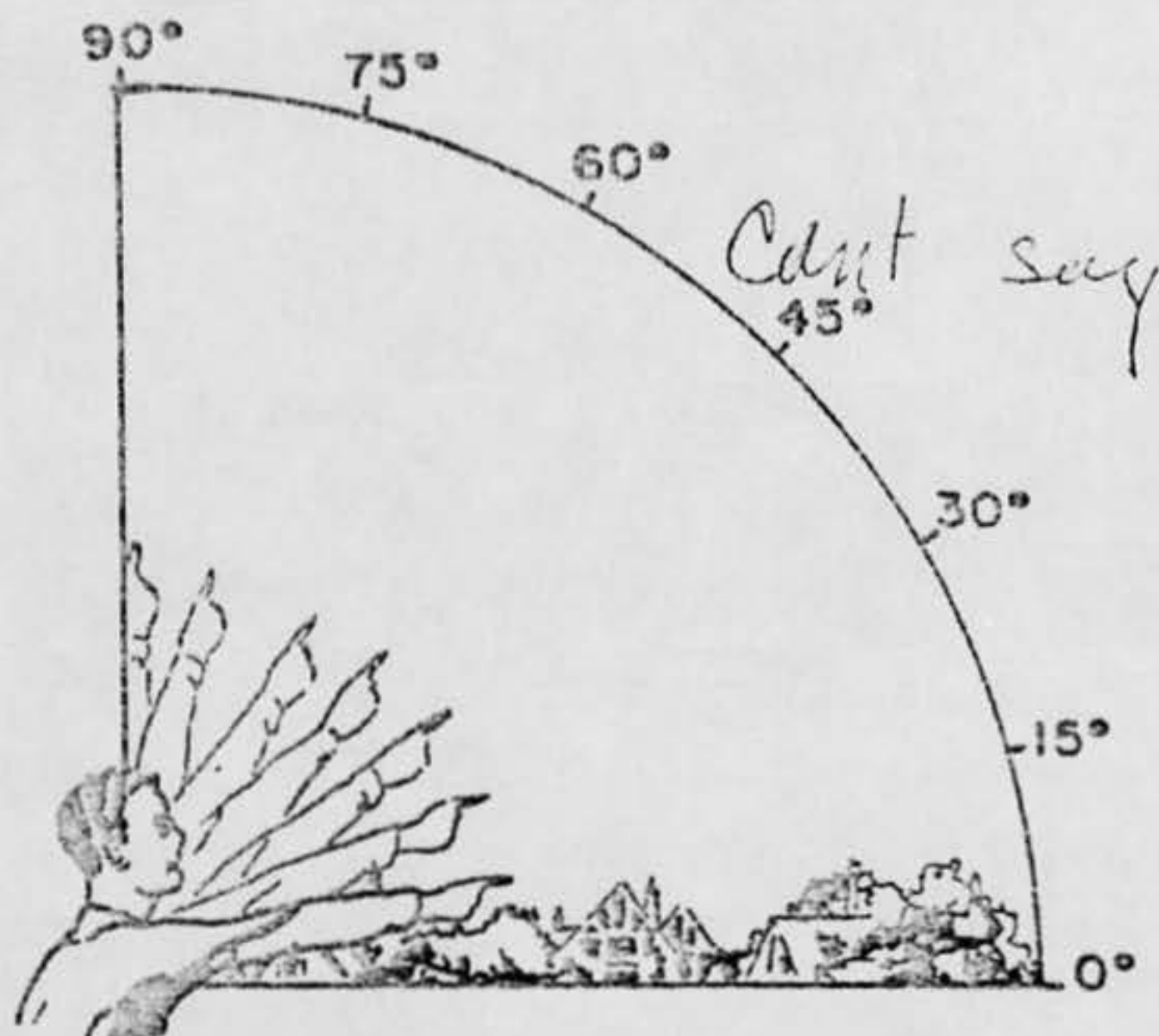
No

h. Other _____

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

headlamp

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? 2
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

2 lights one bright & one dim

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

no

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

☒ No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME

[Redacted]
Last Name

[Redacted]
First Name

[Redacted]
Middle Name

ADDRESS

[Redacted]
Street

Dayton
City

45405
Zone

OH 10
State

TELEPHONE NUMBER

none

AGE

46

SEX

M

Indicate any additional information about yourself, including any special experience, which might be pertinent.

none

33. When and to whom did you report that you had seen the object?

Day

Month

Year

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

Just one

11. CONDITIONS (Check appropriate blocks.)			
A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input checked="" type="checkbox"/> TWILIGHT		<input checked="" type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input type="checkbox"/> NIGHT		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input type="checkbox"/> CLEAR		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input checked="" type="checkbox"/> PARTLY CLOUDY			<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> UNKNOWN
			<input checked="" type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON	
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> BRIGHT MOONLIGHT	<input checked="" type="checkbox"/> NO MOONLIGHT
<input type="checkbox"/> A FEW		<input type="checkbox"/> MOON WITH HALO	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> MANY		<input type="checkbox"/> MOON HIDDEN BY CLOUDS	
<input type="checkbox"/> UNKNOWN		<input checked="" type="checkbox"/> PARTIAL (New or quarter)	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☒ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Street light

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Silver Gray

Edges Sharp

Solid it had lights going around it.

34. Date you completed this questionnaire:

05
Day

Mar
Month

68
Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

S DO comment:

It is possible that the caller could have been under the influence of alcohol.

Time of call 0230 5 Mar 68.

at Hammond

PROJECT 10073 RECORD

1. DATE - TIME GROUP 5 Mar 68 05/1735Z	2. LOCATION Dayton, Ohio (2 witnesses)
3. TYPE Civilian	10. CONCLUSION Possible (AIRCRAFT) ✓
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 4 - 20 Seconds	11. BRIEF SUMMARY AND ANALYSIS Observers sighted the reflection of sunlight from an object. The observers could not describe the object except that it looked somewhat elliptical.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE Roughly East	COMMENTS: There are always several planes over Dayton arriving or departing from Wright-Patterson AFB. None reported anything unusual. No one at W-P Towers saw anything unusual. No other reports were submitted to this office on a sighting at that time. It seems possible that the observers saw one of the planes arriving or departing from W-P AFB.
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 11-2233

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

(5)
DAY TUESDAY MONTH MARCH YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 12:35 MINUTES 35 ☐ A.M. ☒ P.M.

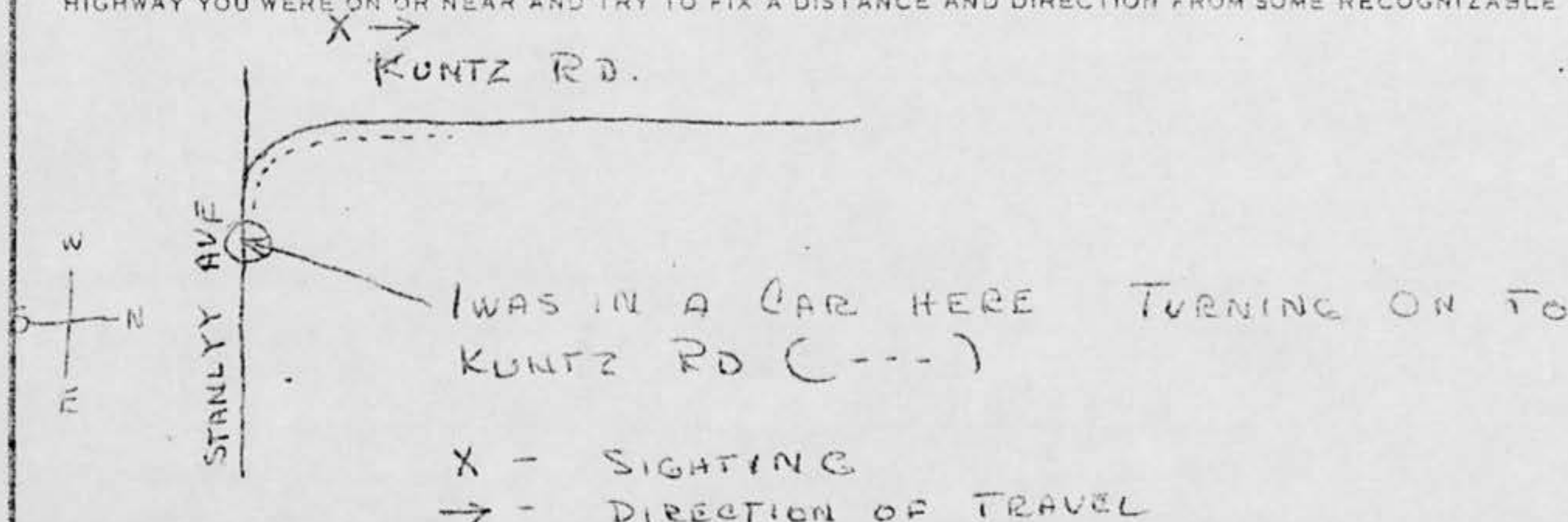
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 12:35 MINUTES 4 ☐ A.M. ☒ P.M.

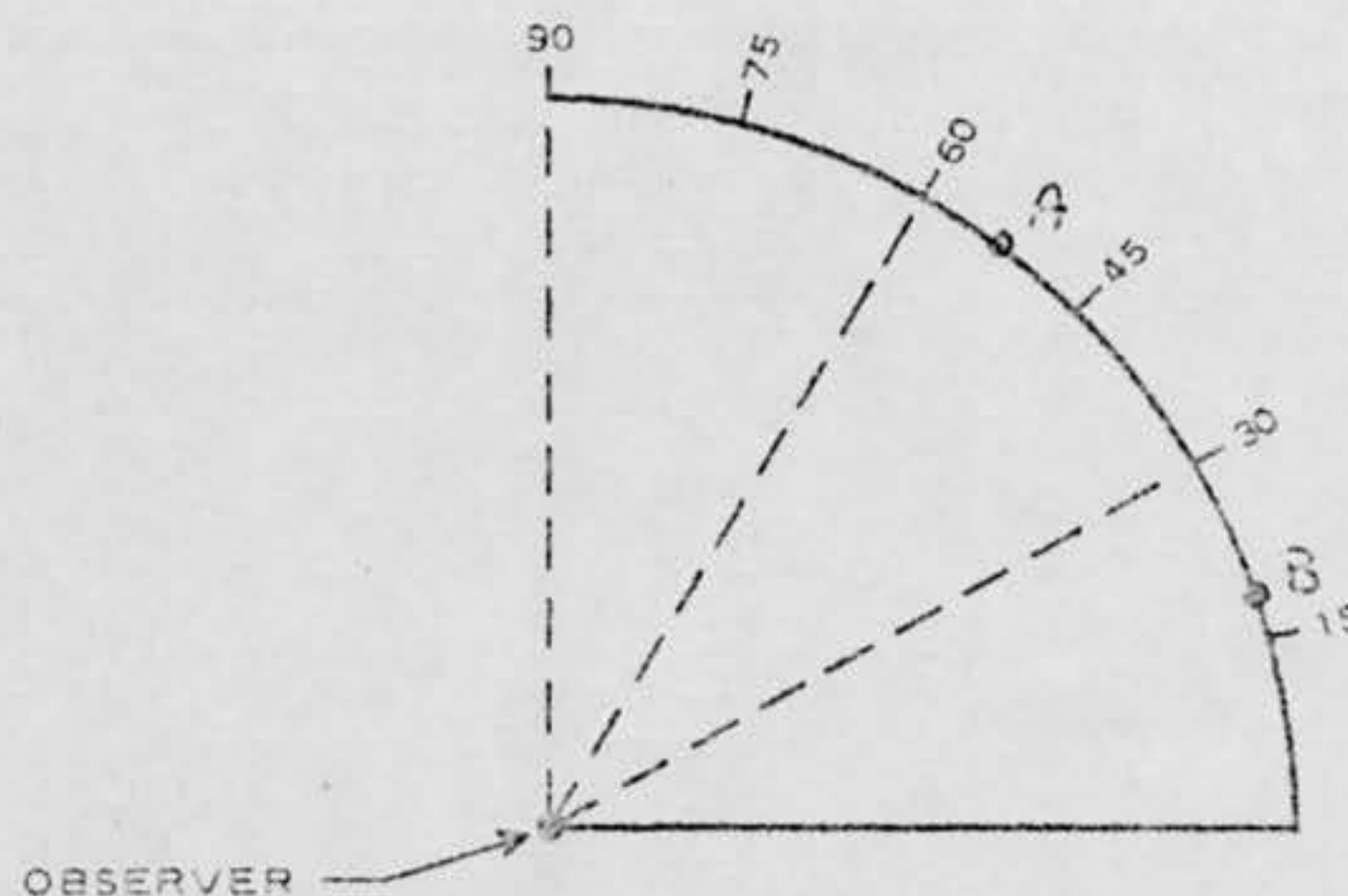
4. TIME ZONE

☐ DAYLIGHT SAVINGS☒ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

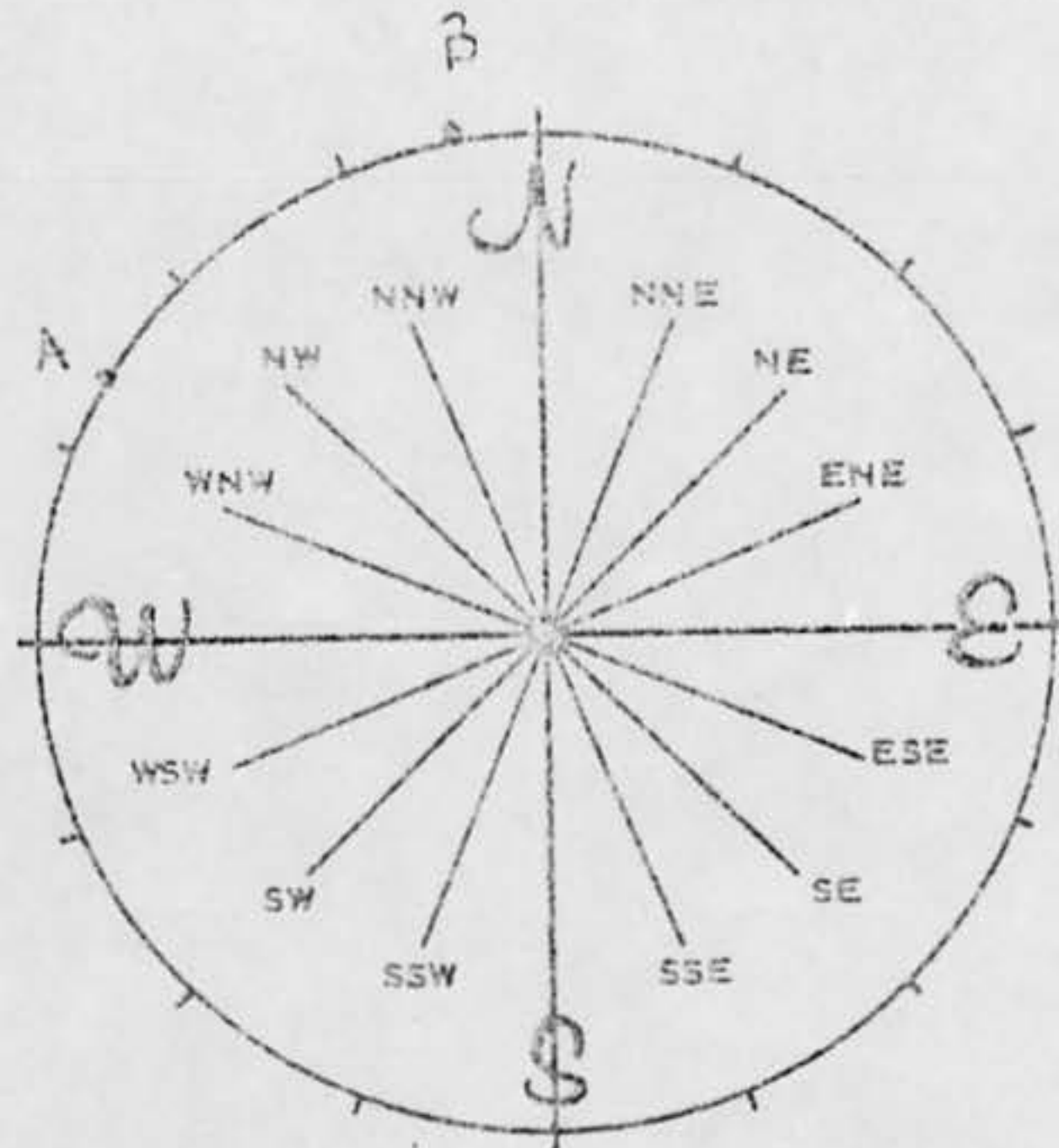
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.



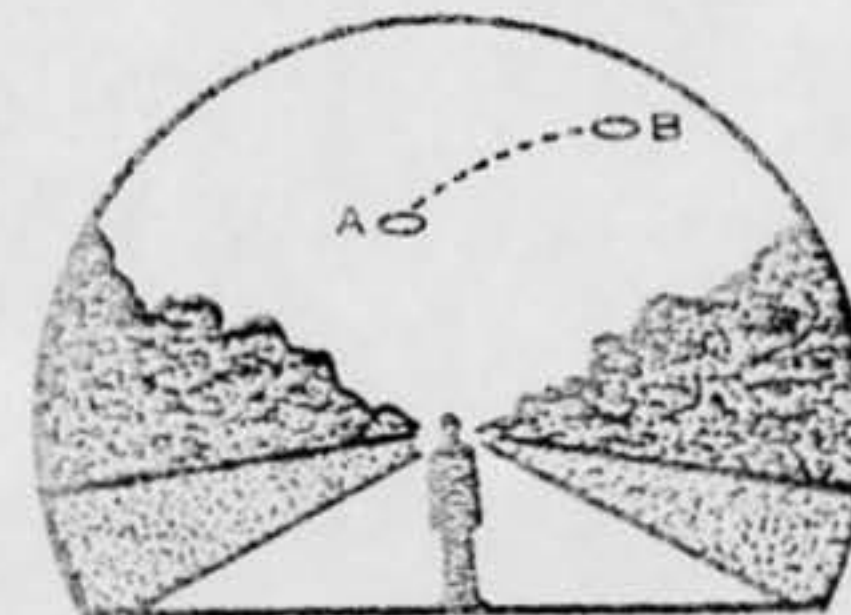
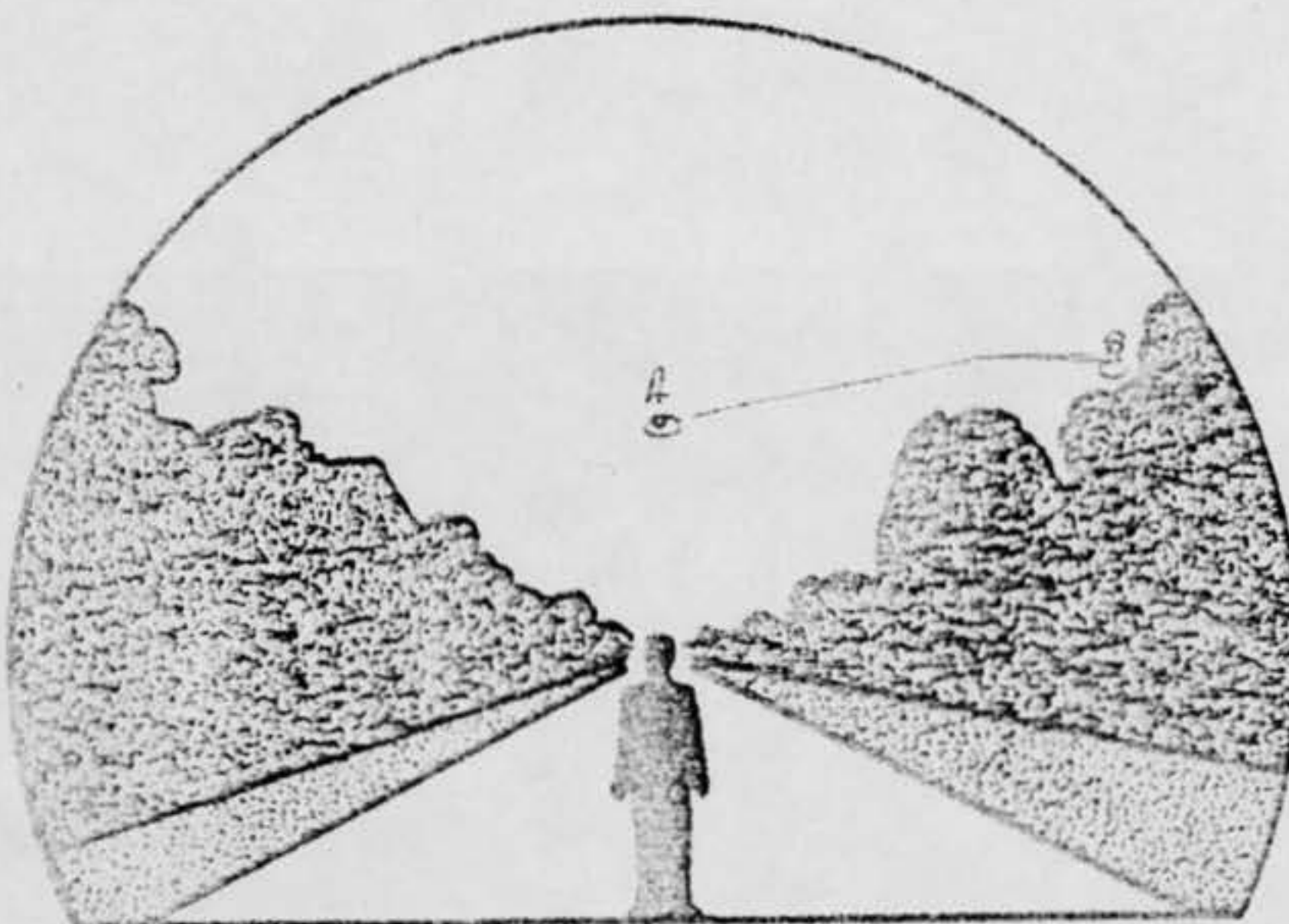
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE. WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



- 6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/> OUTDOORS			<input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY
<input type="checkbox"/> IN BUILDING			<input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY
<input checked="" type="checkbox"/> IN CAR <input checked="" type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER			<input type="checkbox"/> IN OPEN COUNTRYSIDE
<input type="checkbox"/> IN BOAT			<input type="checkbox"/> NEAR AIRFIELD
<input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER			<input type="checkbox"/> FLYING OVER CITY
<input type="checkbox"/> OTHER			<input type="checkbox"/> FLYING OVER OPEN COUNTRY
<input type="checkbox"/> OTHER			
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input type="checkbox"/> NORTH	<input type="checkbox"/> EAST	10(-) M.P.H.	
<input type="checkbox"/> SOUTH	<input checked="" type="checkbox"/> WEST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
No.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
CHEVROLET (1967) TWO DOOR			
HOW MUCH OTHER TRAFFIC WAS THERE?			
AVG.			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	CERTAIN OF TIME	NOT VERY SURE	
APPROX. 4 SEC.	FAIRLY CERTAIN	<input checked="" type="checkbox"/> JUST A GUESS	
HOW WAS TIME DETERMINED?			
SEE ABOVE (GUESSED)			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

DOES NOT APPLY

11. CONDITIONS (Check appropriate blocks.)			
A. SKY		B. WEATHER	
<input checked="" type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input type="checkbox"/> NIGHT		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY			<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
		<input checked="" type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> NONE OF THE ABOVE

12. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON	
<input type="checkbox"/> NONE		<input type="checkbox"/> BRIGHT MOONLIGHT	<input type="checkbox"/> NO MOONLIGHT
<input type="checkbox"/> A FEW		<input type="checkbox"/> MOON WITH HALO	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> MANY		<input type="checkbox"/> MOON HIDDEN BY CLOUDS	
<input type="checkbox"/> UNKNOWN		<input type="checkbox"/> PARTIAL (New or quarter)	

13. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☒ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input checked="" type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

14. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

SUN

15. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

- 1) REFLECTED LIGHT
- 2) LOOKED METALLIC BY REFLECTION
- 3) SEEMED SOLID.
- 4) SEEMED DARK AS IT MOVED AWAY TO THE NORTH

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	✓		
	STAND STILL AT ANYTIME?	✓		
	SUDDENLY SPEED UP AND RUN AWAY?			
	BREAK UP IN PARTS AND EXPLODE?		✓	
	CHANGE COLOR?		✓	
	GIVE OFF SMOKE?		✓	
	CHANGE BRIGHTNESS?	✓		
	CHANGE SHAPE?	✓		
	FLASH OR FLICKER?		✓	
	DISAPPEAR AND REAPPEAR?		✓	
	SPIN LIKE A TOP?		✓	
	MAKE A NOISE?		✓	
	FLUTTER OR WOBBLE?		✓	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

REFLECTION FROM THE SUN.

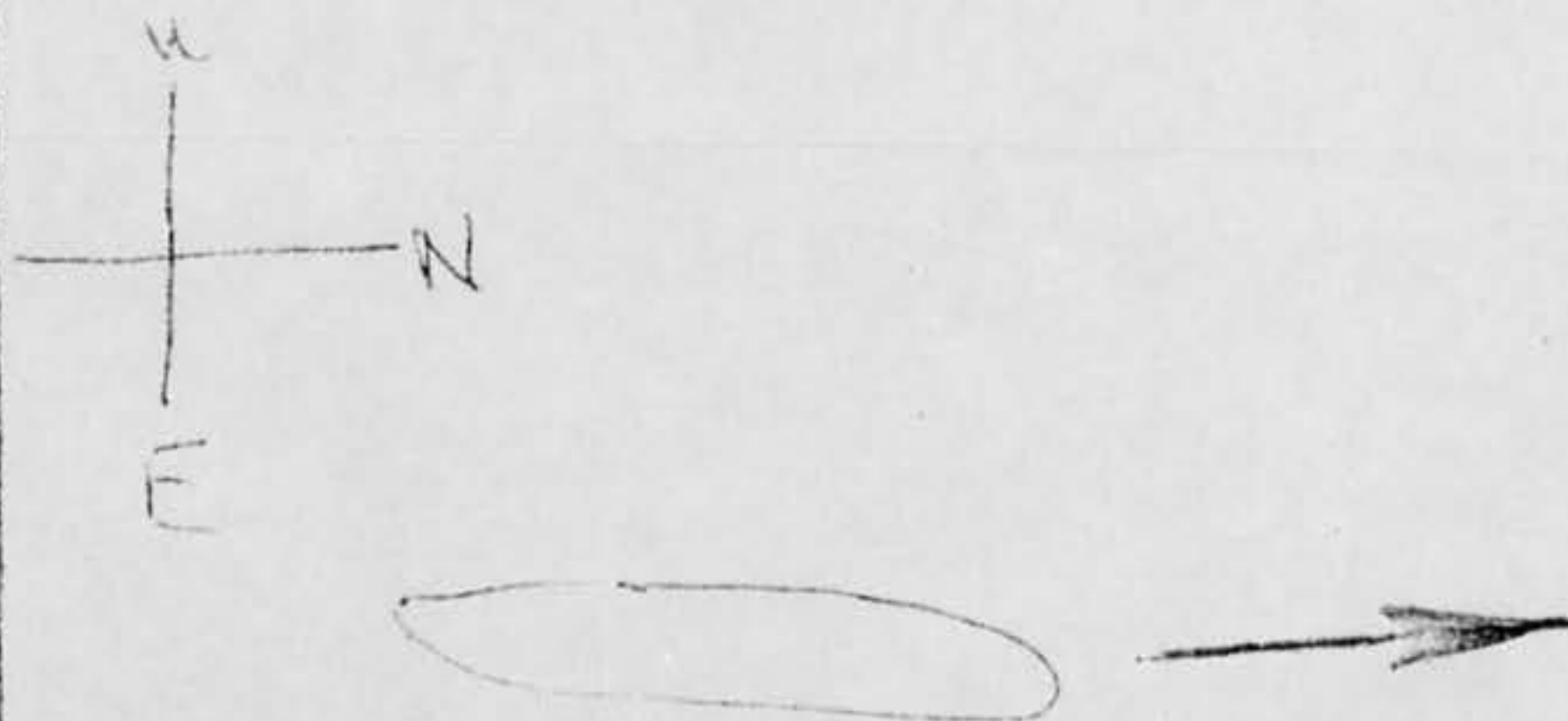
A. HOW DID IT FINALLY DISAPPEAR?

IT MOVED OUT OF SIGHT TO THE NORTH

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☒ YES ☒ NO. IF "YES," DESCRIBE.

IT MOVED BEHIND THE DISTANT HORIZON.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

ALL OF THE OBJECT WOULD HAVE
BEEN COVERED

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGGLASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
<input checked="" type="checkbox"/> WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☒ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED FASTER THAN ANYTHING I KNOW OF

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE SEEMED 200 FT. AT FIRST

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

I cannot really, justifiably describe the form of the object, ~~and~~ because it all happened so fast. However, the object seemed bigger at a distance than it did when I first saw the reflection

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO? ☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

DAYTON, OHIO

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

24

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

1) PURCHASING AGENT.

a) [REDACTED] MACHINE CO.
[REDACTED] RD.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME WRIGHT PATTERSON DAY 5 MONTH MARCH YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 12 MONTH MARCH YEAR 1968

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	<input checked="" type="checkbox"/>		
	STAND STILL AT ANYTIME?		<input checked="" type="checkbox"/>	
	SUDDENLY SPEED UP AND RUN AWAY?		<input checked="" type="checkbox"/>	
	BREAK UP IN PARTS AND EXPLODE?		<input checked="" type="checkbox"/>	
	CHANGE COLOR?		<input checked="" type="checkbox"/>	
	GIVE OFF SMOKE?		<input checked="" type="checkbox"/>	
	CHANGE BRIGHTNESS?		<input checked="" type="checkbox"/>	
	CHANGE SHAPE?		<input checked="" type="checkbox"/>	
	FLASH OR FLICKER?		<input checked="" type="checkbox"/>	
	DISAPPEAR AND REAPPEAR?	<input checked="" type="checkbox"/>		
	SPIN LIKE A TOP?		<input checked="" type="checkbox"/>	
	MAKE A NOISE?		<input checked="" type="checkbox"/>	
	FLUTTER OR WOBBLE?			

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

All the lights that were around it.

A. HOW DID IT FINALLY DISAPPEAR?

Moved in the same direction and same speed. We kept our eyes on it until it was no longer in sight.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☒ NO. IF "YES," DESCRIBE.

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

- 1) I just saw something in the sky that I could not identify ~~to~~ with anything I had seen before. It moved out of sight faster than I think anything I have seen flying.

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R259

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 5TH MONTH MARCH YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 12 MINUTES 35 ☐ A.M. ☒ P.M.

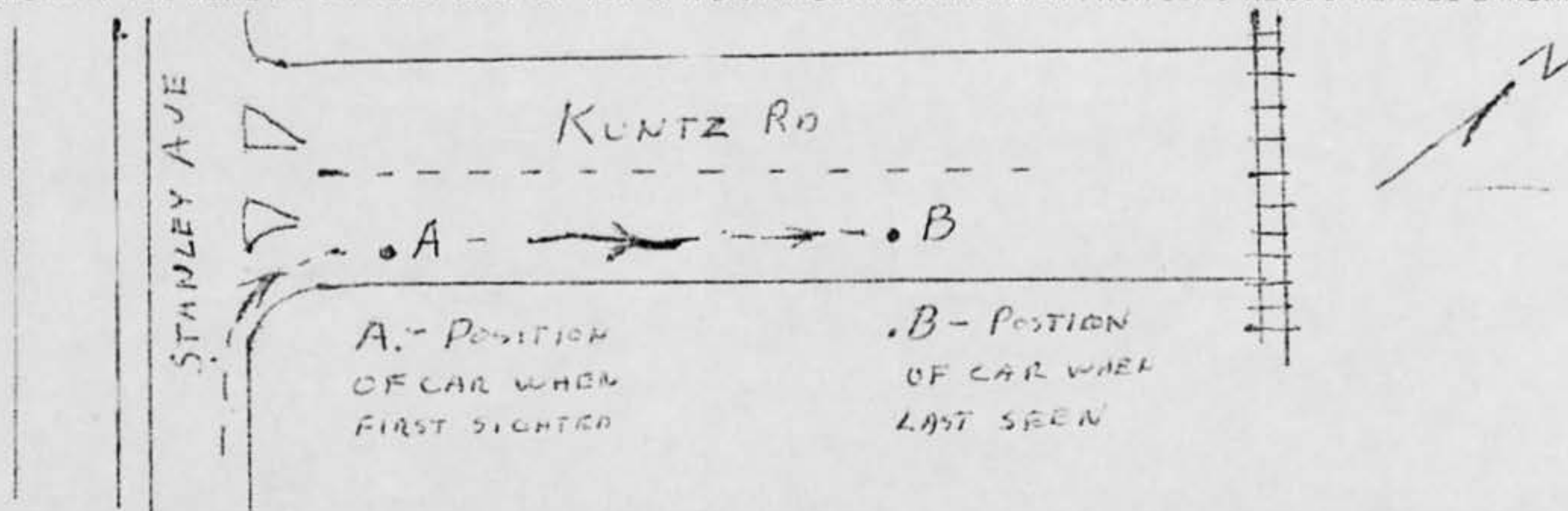
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 12 MINUTES 35 1/2 ☐ A.M. ☒ P.M.

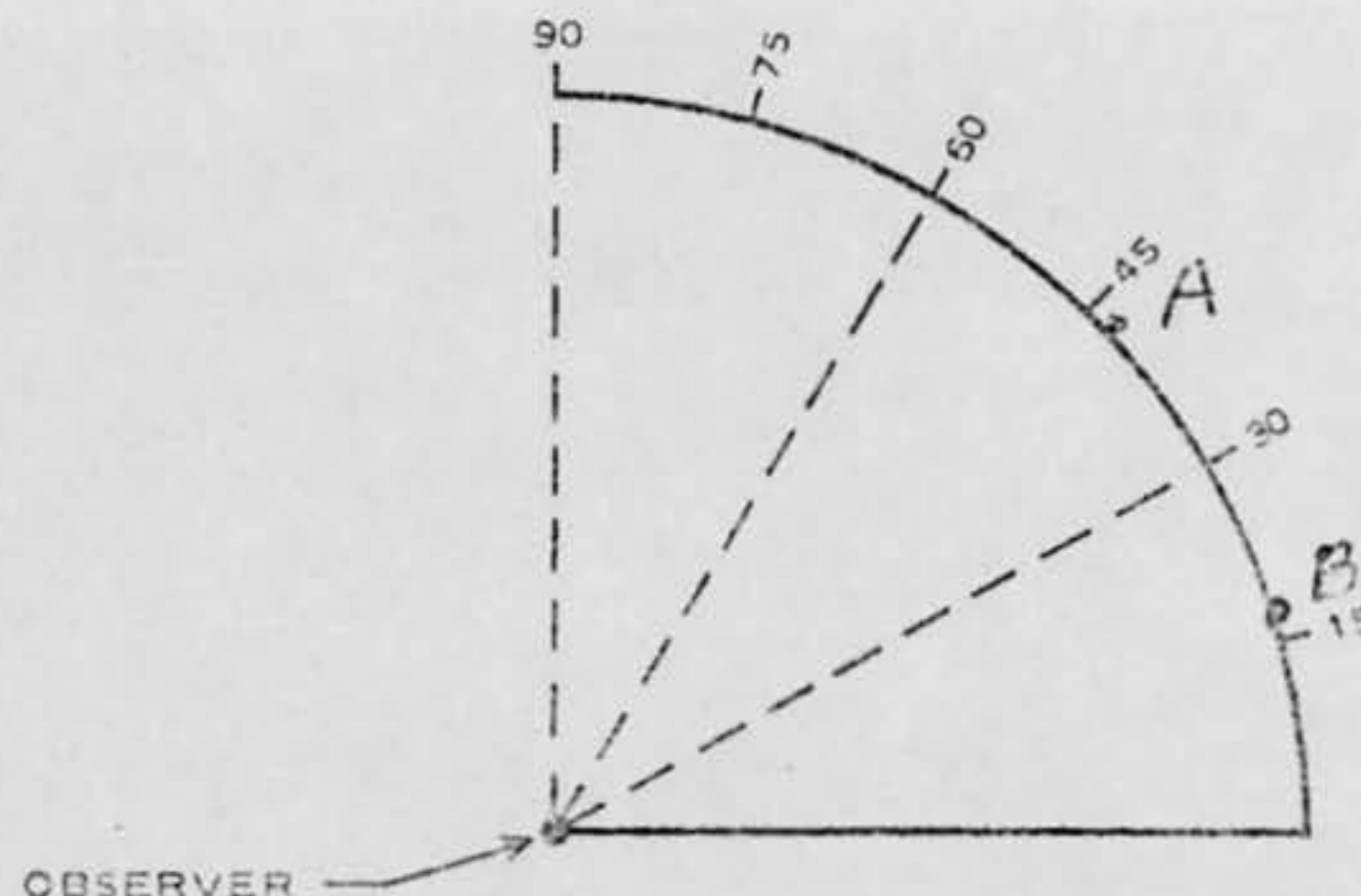
4. TIME ZONE

☐ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

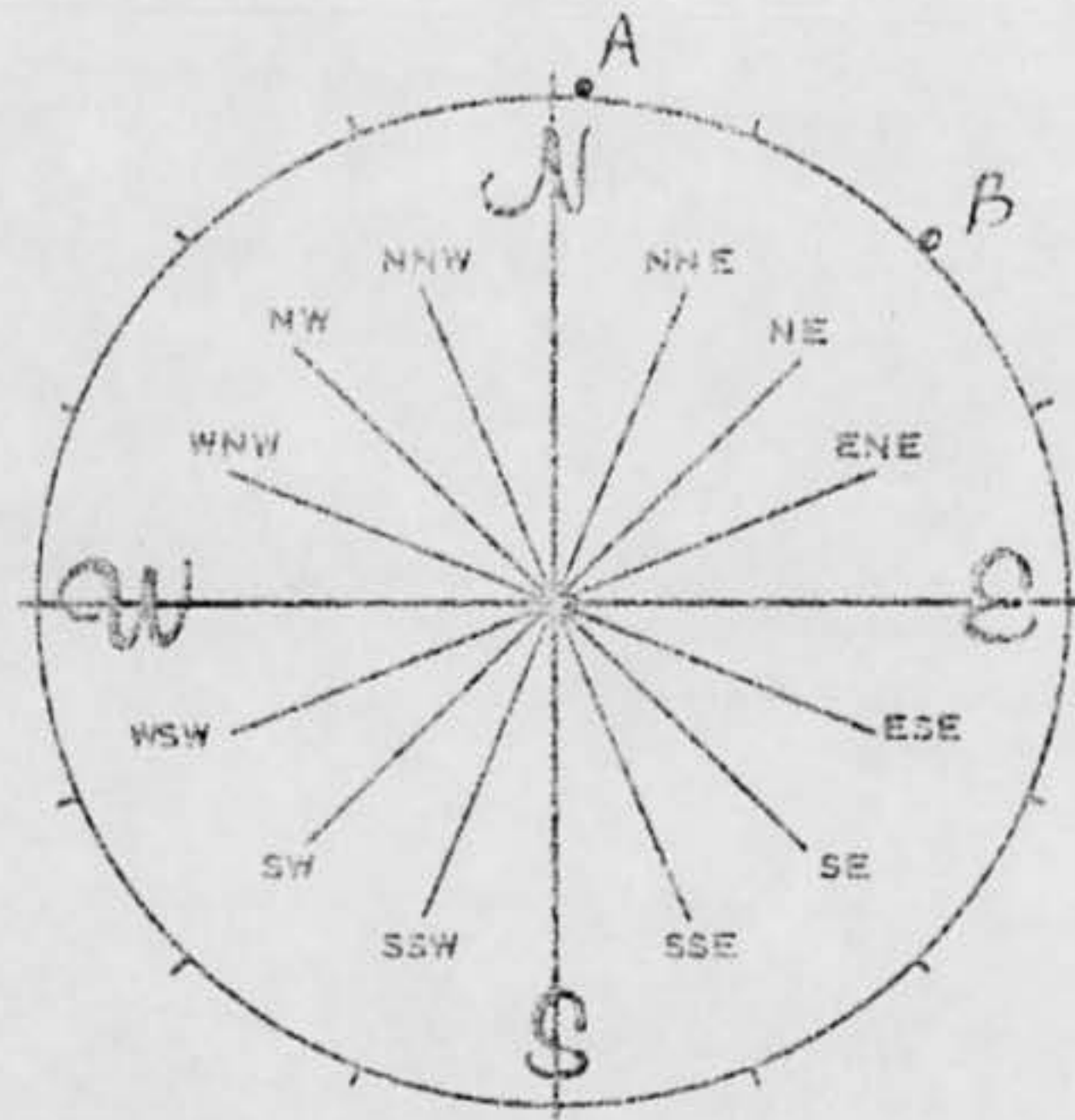
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.



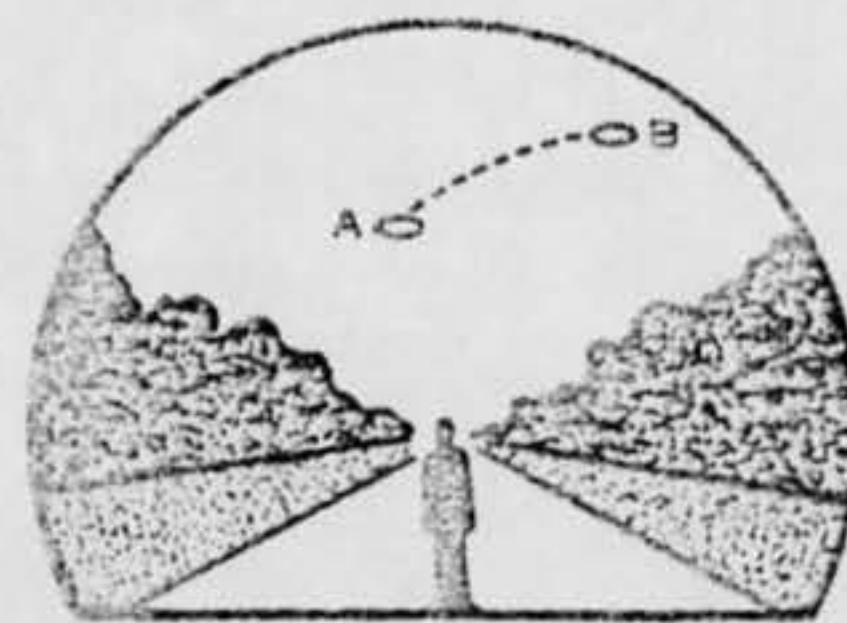
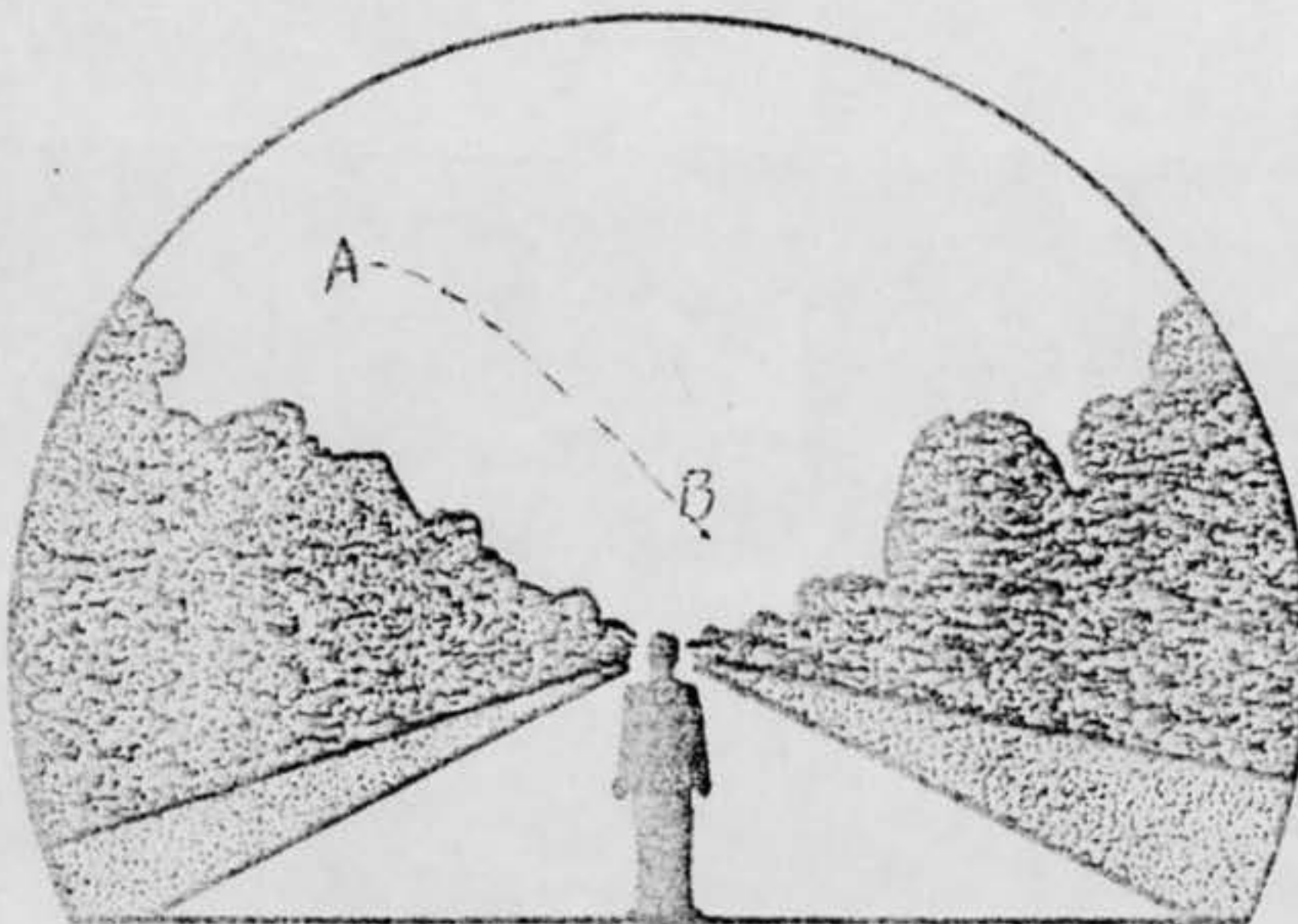
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
OUTDOORS		<input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY	
IN BUILDING		IN RESIDENTIAL SECTION OF CITY	
<input checked="" type="checkbox"/> IN CAR	<input type="checkbox"/> AS DRIVER	<input checked="" type="checkbox"/> AS PASSENGER	IN OPEN COUNTRYSIDE
IN BOAT		NEAR AIRFIELD	
IN AIRPLANE		<input type="checkbox"/> AS PILOT	<input type="checkbox"/> AS PASSENGER
OTHER		FLYING OVER CITY	
		FLYING OVER OPEN COUNTRY	
		OTHER	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	20 MPH	
SOUTH	WEST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
<input checked="" type="checkbox"/> NORTHEAST	SOUTHEAST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
No			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
1967 CHEV. 2 DOOR WINDOWS UP			
HOW MUCH OTHER TRAFFIC WAS THERE?			
LIGHT			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	<input checked="" type="checkbox"/> CERTAIN OF TIME	NOT VERY SURE	
15 TO 20 SECONDS	<input type="checkbox"/> FAIRLY CERTAIN	JUST A GUESS	
HOW WAS TIME DETERMINED?			
TIME REQUIRED TO TRAVEL DISTANCE IN CAR			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)			
A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input type="checkbox"/> NIGHT			<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> HAZE OR SMOG	<input checked="" type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON	
<input type="checkbox"/> NONE		<input type="checkbox"/> BRIGHT MOONLIGHT	<input type="checkbox"/> NO MOONLIGHT
<input type="checkbox"/> A FEW		<input type="checkbox"/> MOON WITH HALO	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> MANY		<input type="checkbox"/> MOON HIDDEN BY CLOUDS	
<input type="checkbox"/> UNKNOWN		<input type="checkbox"/> PARTIAL (New or quarter)	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☒ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input checked="" type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

SUN

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

WHEN FIRST OBSERVED IT WAS REFLECTING THE SUN. As
IT MOVED IT TOOK AN ELLIPTICAL SHAPE. ~~It~~

13. DID THE PHENOMENON	YES	NO	UNKNOWN
MOVE IN A STRAIGHT LINE?	X		
STAND STILL AT ANYTIME?			X
SUDDENLY SPEED UP AND RUN AWAY?		X	
BREAK UP IN PARTS AND EXPLODE?		X	
CHANGE COLOR?		X	
GIVE OFF SMOKE?		X	
CHANGE BRIGHTNESS?	X		
CHANGE SHAPE?		X	
FLASH OR FLICKER?		X	
DISAPPEAR AND REAPPEAR?		X	
SPIN LIKE A TOP?		X	
MAKE A NOISE?		X	
FLUTTER OR WOBBLE?		X	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

THE BRIGHT REFLECTION OF THE SUN

A. HOW DID IT FINALLY DISAPPEAR?

MOVED OUT OF SIGHT RANGE.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☒ NO. IF "YES," DESCRIBE.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

1/4

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
EYEGASSES	CAMERA VIEWER
<input checked="" type="checkbox"/> SUNGLASSES - <u>PRESCRIPTION</u>	BINOCULARS
<input checked="" type="checkbox"/> WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED _____	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE _____
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.	
<p style="font-size: 1.5em; margin-left: 100px;">AN ELLIPSE</p>	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

DAYTON OHIO 45449

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

25

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME _____ DAY _____ MONTH _____ YEAR _____

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 26 MONTH MARCH YEAR 1968

MEMO FOR THE RECORD

5 March 1968

Subj: UFO Observation, 5 Mar 68

TIME: 1235, EST

Duration, 15 - 20 minutes

Location: Dayton, Ohio Corner of Stanely Ave and Kuntz

Direction of Travel: Heading North

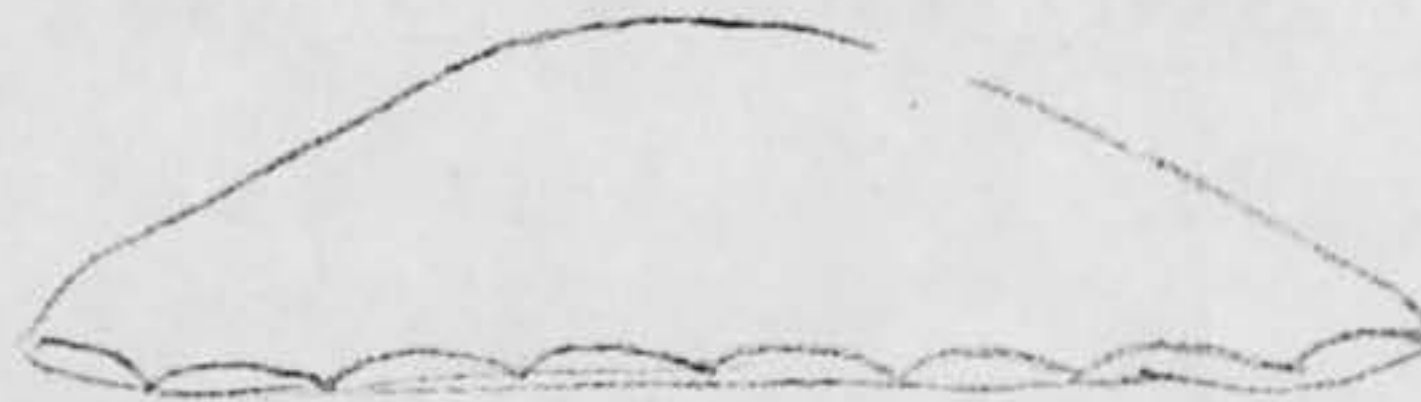
Elevation: 55 deg

Mr. [REDACTED] and his friend observed the object on 5 March 1968 while in the car, saw it when they were turning the corner, seemed to be giving a glare, and at first seemed to be standing still over Globe Industries, moved very fast then and out of sighting within two or three seconds. Sees jets all the time but this wasn't that. Seemed to be bright shiny metal, looked metallic. The object seemed way off in the distance, but it looked bigger when it got farther away, then it turned dark in color. About 90 deg from the sun (failed to say whether to the right, left, overhead or what). Mr [REDACTED] would like one form for himself and one for his friend.

Address them to his office:

[REDACTED] Jr
Dayton, Ohio 45404

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF TDPT (UFO)

MAR 27 1968

SUBJECT: UFO Observation, 5 March 1968

TO:

~~████████████████████~~
~~████████████████████~~
Dayton, Ohio 45420

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 5 March 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

H
RECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

~~#~~ ~~AAA~~
Obj # 3144 ZOND 4 Debris 3/5/68 1200Z ±12km

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF:

TDPT/UFO

MAR 11 1968

SUBJECT:

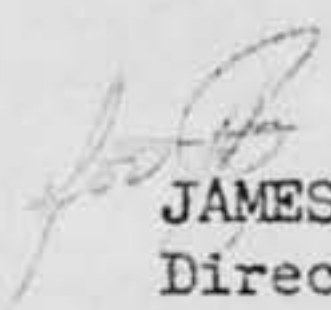
UFO Observation, 5 March 1968

TO:

[REDACTED]

Dayton, Ohio 45404

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.


JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

PROJECT 10073 RECORD

1. DATE - TIME GROUP 07/0200Z 07/0322Z	2. LOCATION Dayton, Ohio (2 Witnesses)
3. SOURCE 10073	10. CONCLUSION Possible (AIRCRAFT)
4. NUMBER OF OBJECTS 1	There are numerous aircraft in the Dayton area, particularly from W-P AFB. The observer was requested to complete a form 117 but not return the form as yet. Because of the many aircraft in
5. LENGTH OF OBSERVATION 5 minutes	11. BRIEF SUMMARY AND ANALYSIS area (none of which sighted any strange objects) The sighting is being evaluated as possible aircraft.
6. TYPE OF OBSERVATION Ground-Visual	Observer sighted two white lights moving from the SW to the NE at 2100. At 2122 sighted two orange lights going from the S and the NE.
7. COURSE See Case	NOTE: 117 REC. 22 May 68 No change in evaluation
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF:

TDPT/UFO

MAR 13 1968


SUBJECT:

UFO Observation, 6 March 1968

TO:

[REDACTED]
Dayton, 17, Ohio 45401

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

 JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R333

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 6 MONTH 3 YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 00 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 30 ☐ A.M. ☒ P.M.

4. TIME ZONE

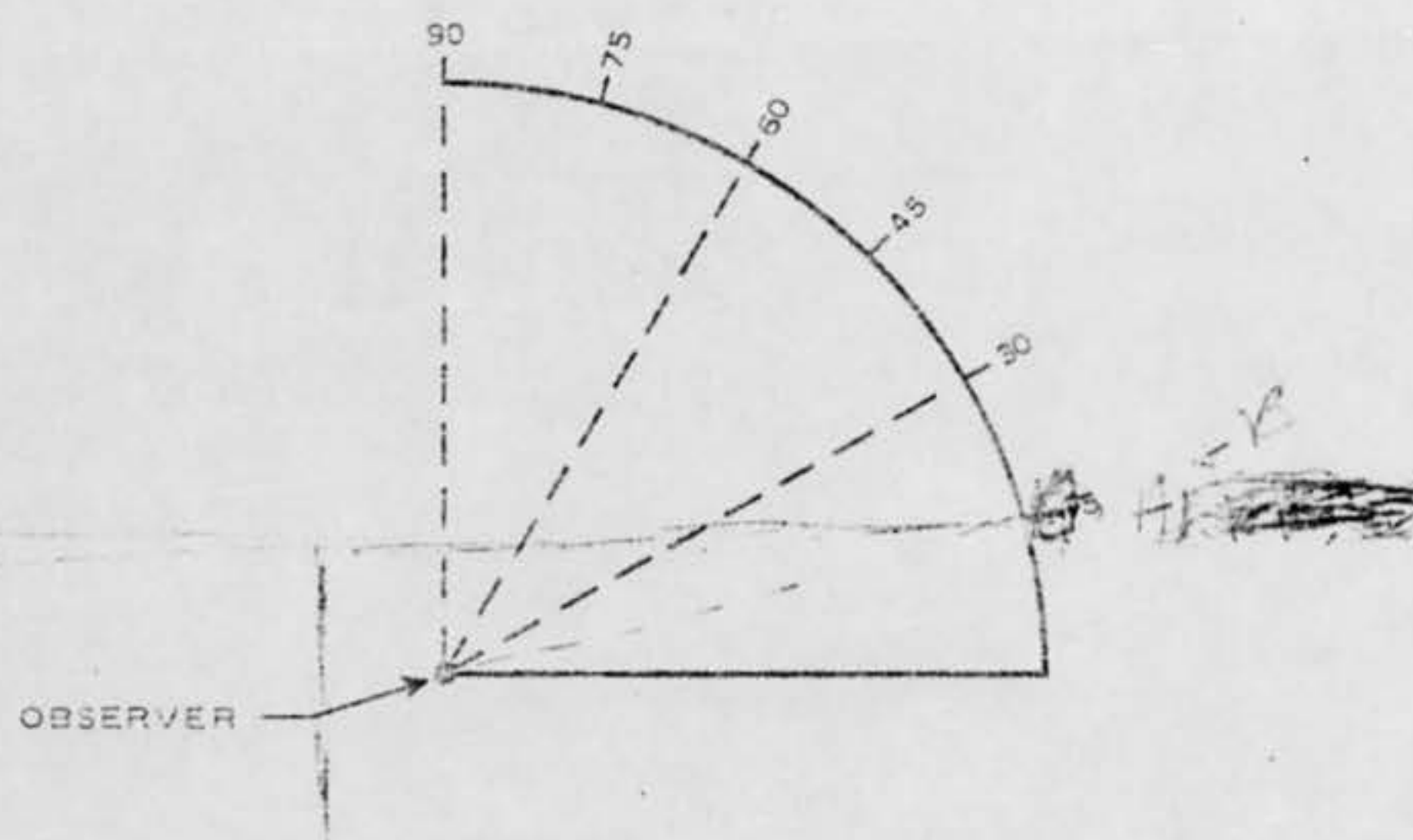
☐ DAYLIGHT SAVINGS☒ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

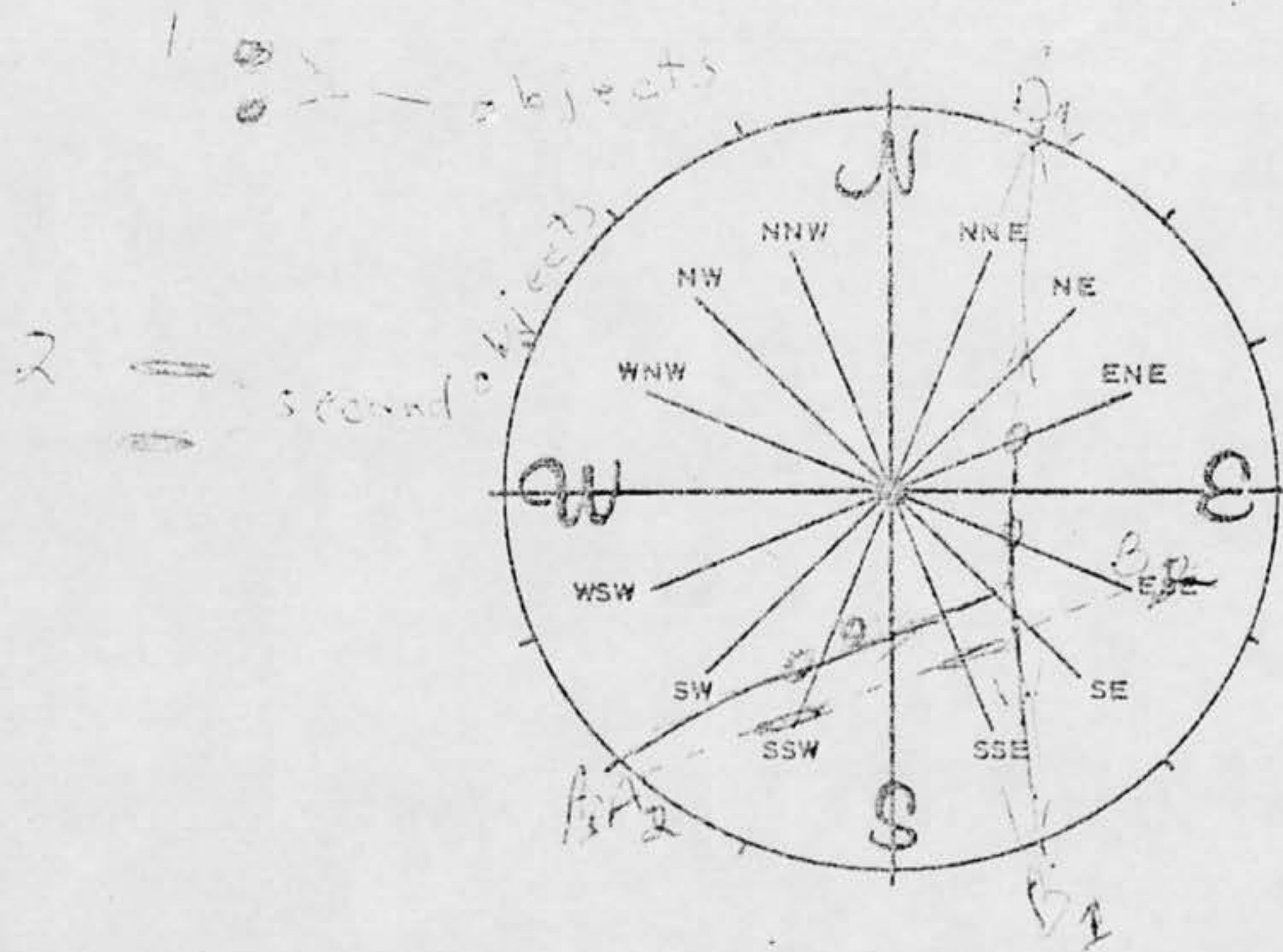
In House ~~██████████~~ looking out
South window. Objects between
house and Channel 7 tower.



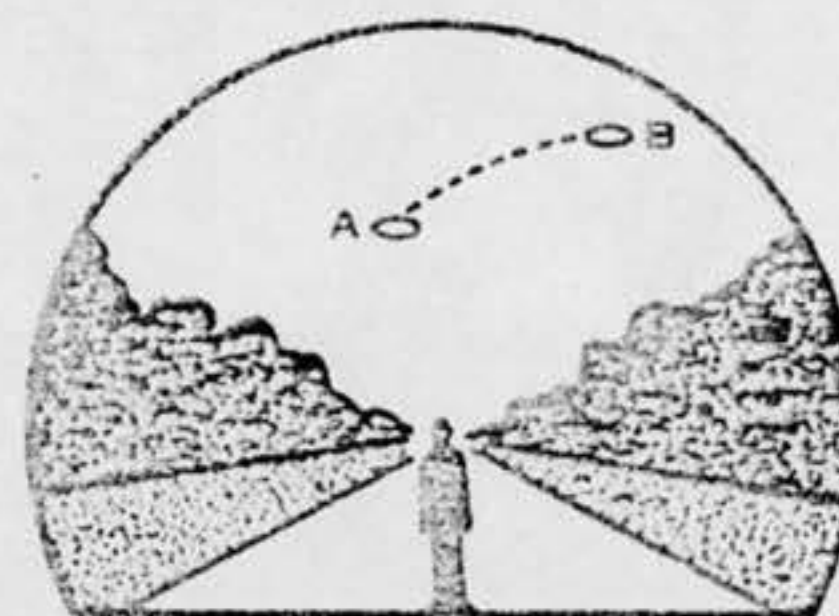
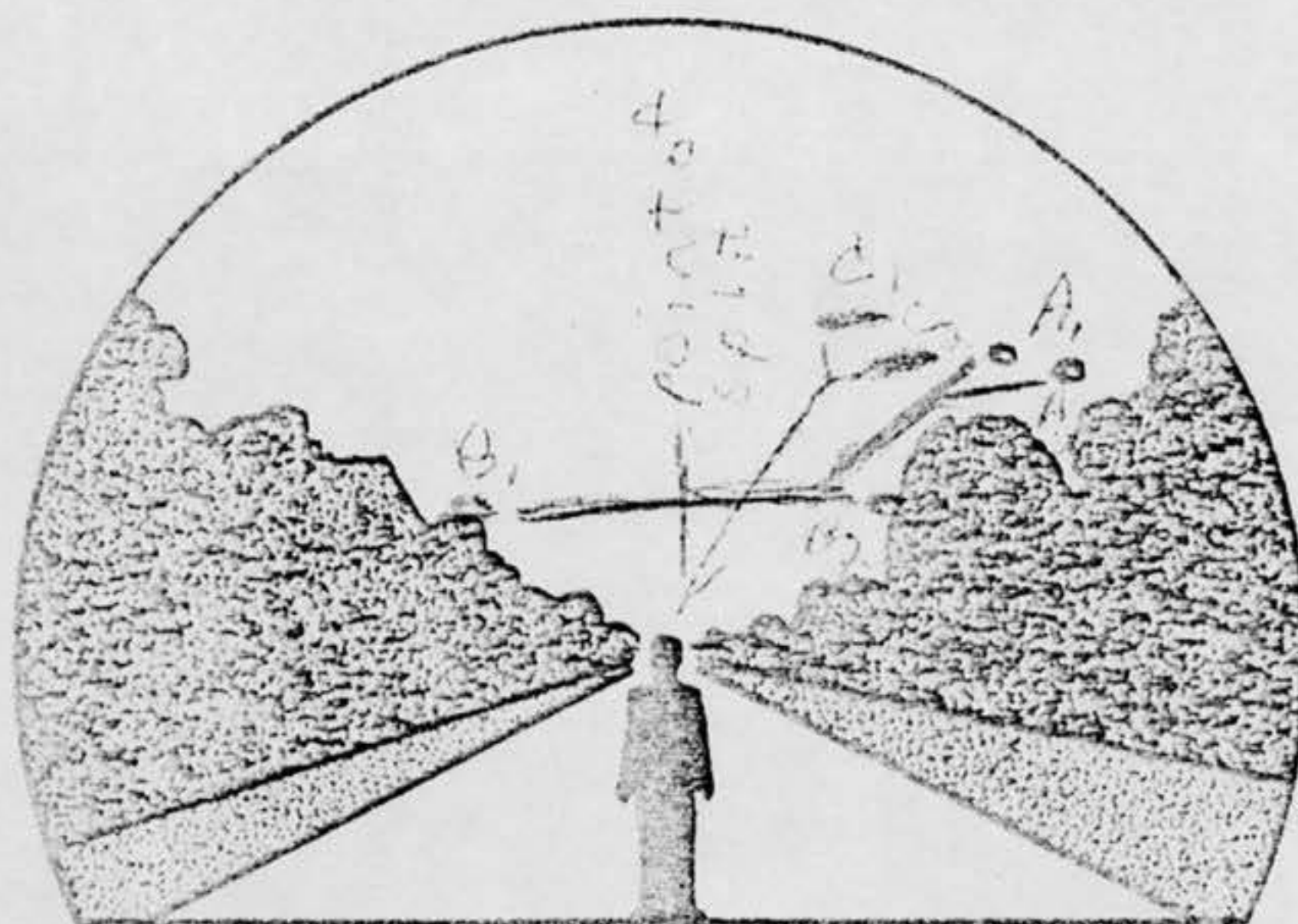
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN 'A' ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A 'B' ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



d. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
OUTDOORS		IN BUSINESS SECTION OF CITY	
IN BUILDING		IN RESIDENTIAL SECTION OF CITY	<input checked="" type="checkbox"/>
IN CAR	<input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	IN OPEN COUNTRYSIDE	
IN BOAT		NEAR AIRFIELD	
IN AIRPLANE	<input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	FLYING OVER CITY	
OTHER		FLYING OVER OPEN COUNTRY	
		OTHER	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
Slightly above objects; about same distance from house			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		CERTAIN OF TIME	NOT VERY SURE
9:00 - 9:30		<input checked="" type="checkbox"/> FAIRLY CERTAIN	JUST A GUESS
HOW WAS TIME DETERMINED? looking at clock			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			
Objects disappeared briefly behind trees in distance			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?



first

0 0

No change in position
of second objects
second

0 0

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
DAY		CUMULUS CLOUDS (Low fluffy)	FOG OR MIST
TWILIGHT		CIRRUS CLOUDS (High fleecy or Herring-bone)	HEAVY RAIN
NIGHT <input checked="" type="checkbox"/>			LIGHT RAIN OR DRIZZLE
CLEAR <input checked="" type="checkbox"/>		NIMBUS CLOUDS (Rain)	HAIL
PARTLY CLOUDY		CUMULONIMBUS CLOUDS (Thunderstorms)	SNOW OR SLEET
COMPLETELY OVERCAST			UNKNOWN
		HAZE OR SMOG	NONE OF THE ABOVE <input checked="" type="checkbox"/>

12. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
NONE	BRIGHT MOONLIGHT
A FEW	MOON WITH HALO
MANY <input checked="" type="checkbox"/>	MOON HIDDEN BY CLOUDS
UNKNOWN	PARTIAL (New or quarter)

13. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD (Near noon)
IN BACK OF YOU	TO YOUR LEFT	UNKNOWN

14. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

~~Stars and moon~~ stars and moon

15. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

1. First objects were self luminous - distinct
spherical larger than stars

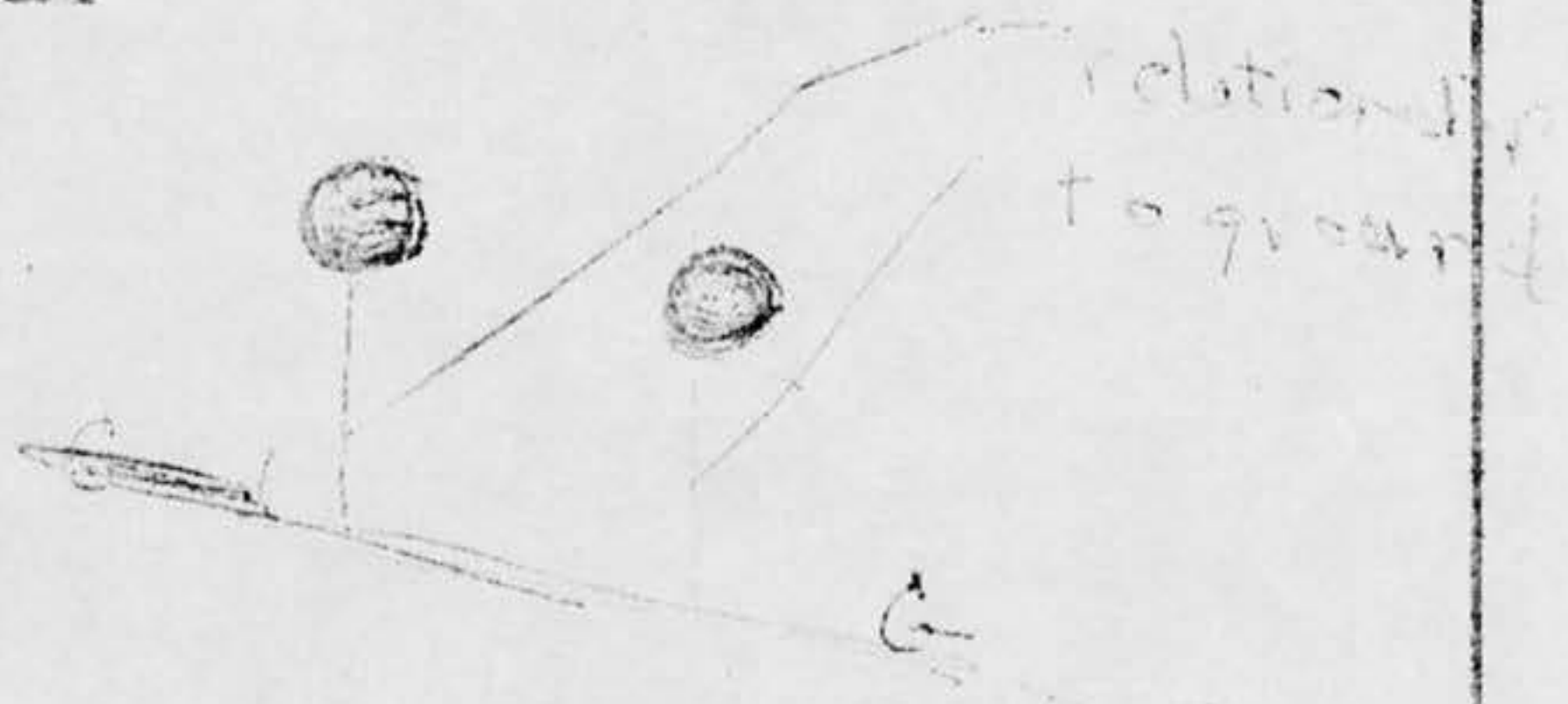
2. Second objects self luminous - distinct
~~light orange color~~ elongated
light orange color

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

1. first objects



no exhaust or
vapor trails, etc.



2. second objects



no exhaust or
vapor trails, etc.

Same relationship
to ground as first
object



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.



13. DID THE PHENOMENON		YES	NO	UNKNOWN
MOVE IN A STRAIGHT LINE?				
STAND STILL AT ANYTIME?				
SUDDENLY SPEED UP AND RUN AWAY?				
BREAK UP IN PARTS AND EXPLODE?				
CHANGE COLOR?				
GIVE OFF SMOKE?				
CHANGE BRIGHTNESS?				
CHANGE SHAPE?				
FLASH OR FLICKER?				
DISAPPEAR AND REAPPEAR?				
SPIN LIKE A TOP?				
MAKE A NOISE?				
FLUTTER OR WOBBLE?				

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

A. HOW DID IT FINALLY DISAPPEAR?

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☐ NO. IF "YES," DESCRIBE.

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
EYEGASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>slow moving object</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>far distance</u>
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.	
<p>No known objects were similar</p>	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
<p></p>	
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
<p></p>	

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?
☐ YES ☐ NO.

24. LIST THEIR NAMES AND ADDRESSES

Sister

Same address

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

16

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Above Average

Science and Math

Student, serious young man

Read several books on UFOs

27.

plane passed over object at 9:00 AM.

Swirling specks of faint colored lights

Observed through binoculars

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME LOPATER DAY 6 MONTH 7 YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 29 MONTH 9 YEAR 1968

TDPF

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

6 March, 1968
Day Month Year

2. Time of day:

21 00 (Two fifteen)
and 21 22
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

Nearest Postal Address

Dayton
City or Town

Ohio
State or County

5. How long was object in sight? (Total Duration)

Hours Minutes Seconds

a. Certain
b. Fairly certain

c. Not very sure
d. Just a guess

5.1 How was time in sight determined?

Clock observation

5.2 Was object in sight continuously?

Yes X No _____

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

Send 117

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- ☒ c. Many
- d. Don't remember

8.2 MOON (Circle One):

- ☒ a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- ☒ a. Solid
- b. Transparent
- c. Vapor
- ☒ d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- ☒ a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

Brighter than the North Star

12. The edges of the object were:

- (Circle One):
- ☒ a. Fuzzy or blurred
 - b. Like a bright star
 - ☒ c. Sharply outlined
 - d. Don't remember

e. Other Round appearing
like a light bulb
(lit, that is)

13. Did the object:

(Circle One for each question)

- | | | | |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time? | <input checked="" type="radio"/> Yes | No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | <input checked="" type="radio"/> No | Don't know |
| c. Break up into parts or explode? | Yes | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke? | Yes | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness? | Yes | <input checked="" type="radio"/> No | Don't know |
| f. Change shape? | Yes | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker? | <input checked="" type="radio"/> Yes | No | Don't know |
| h. Disappear and reappear? | Yes | <input checked="" type="radio"/> No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

No

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No Don't Know. IF you answered YES, then tell what it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☒ No Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

a. Sound None

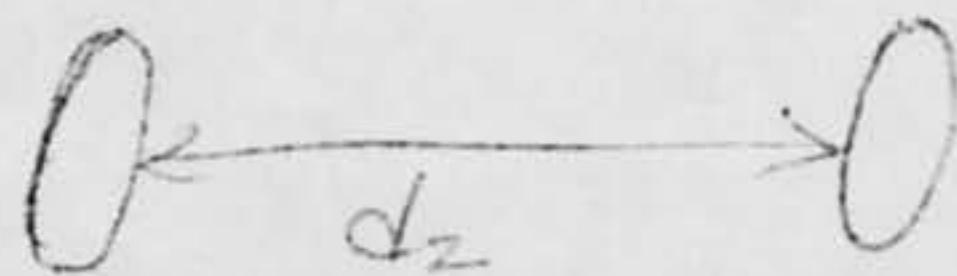
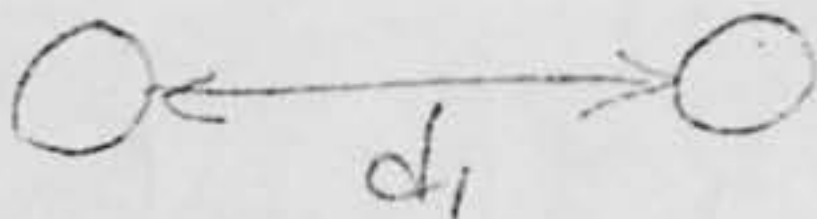
b. Color (1) & (2) Appeared white to naked eye, but had tinges of color when binoculars were used. (3) & (4) light orange with both naked eye & binoculars.

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

100%

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



$$d_1 = d_2$$

20. Do you think you can estimate the speed of the object?

(Circle One)

☒ Yes

No

IF you answered YES, then what speed would you estimate? *(1) & (2) were slower than a standard prop airplane*
(3) & (4) were faster than a fighter

21. Do you think you can estimate how far away from you the object was?

(Circle One)

☒ Yes

No

IF you answered YES, then how far away would you say it was? *about 1.5 mi.*

22. Where were you located when you saw the object?
(Circle One):

- ☒ a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

No

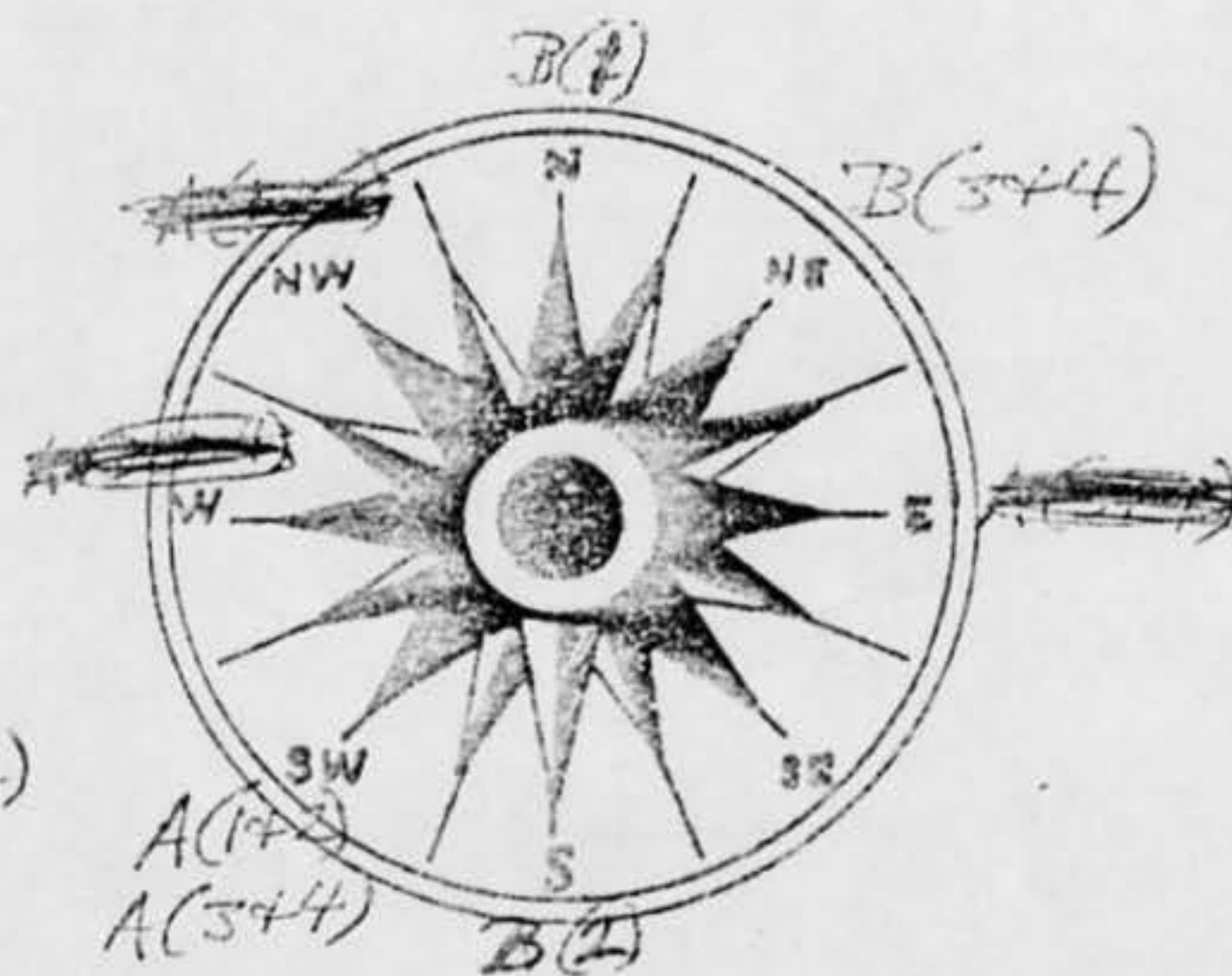
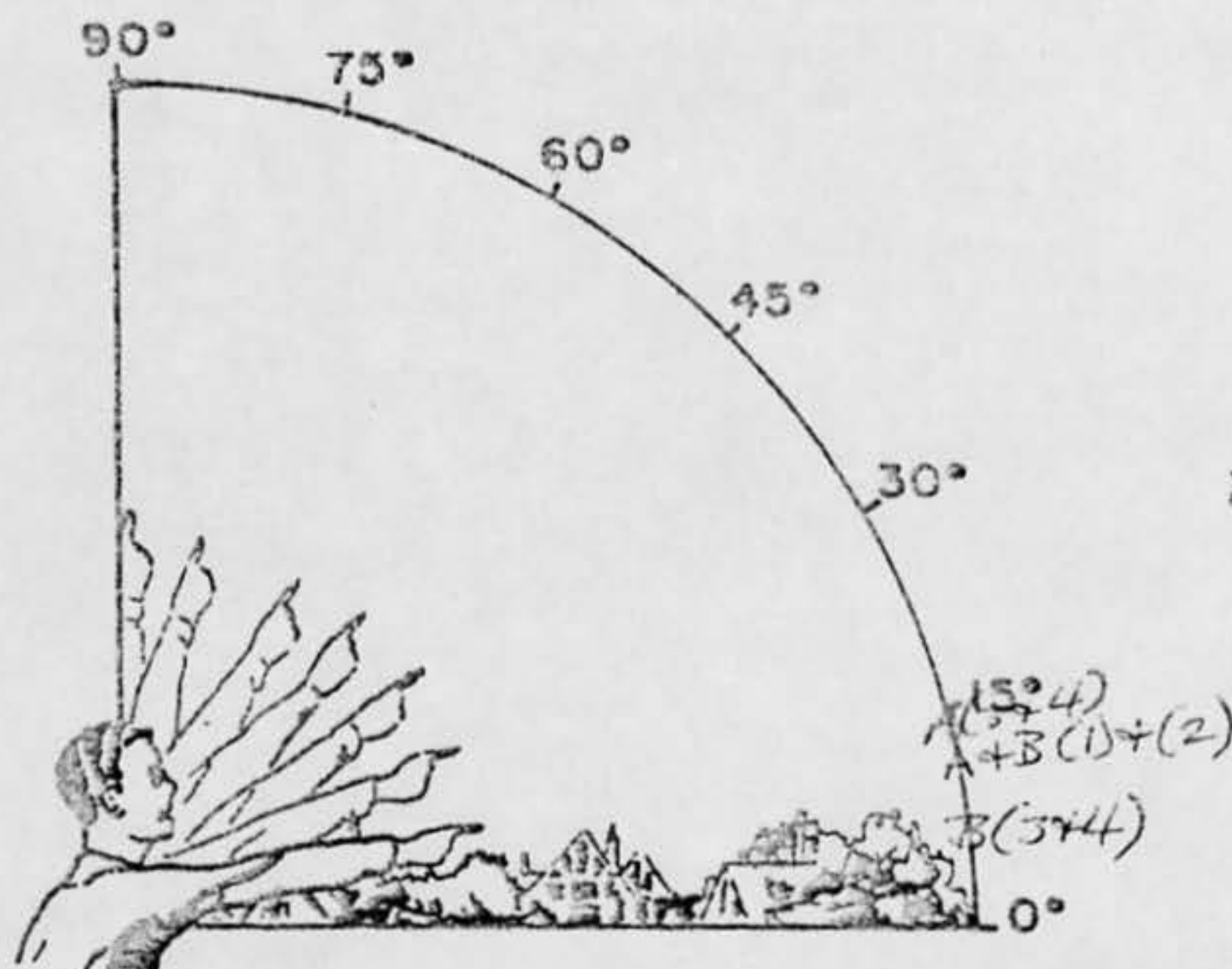
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|----|--|-----|----|
| a. Eyeglasses | Yes | No | <input checked="" type="radio"/> e. Binoculars | Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other _____ | | |

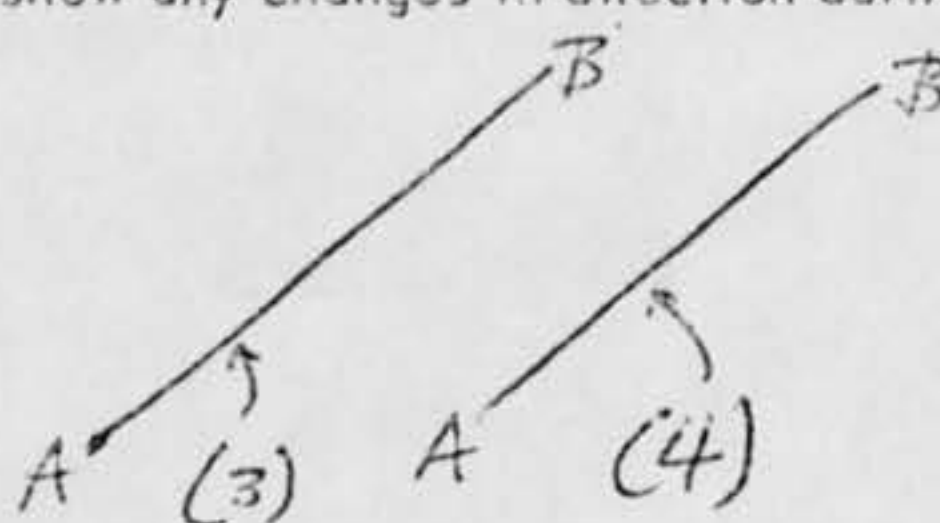
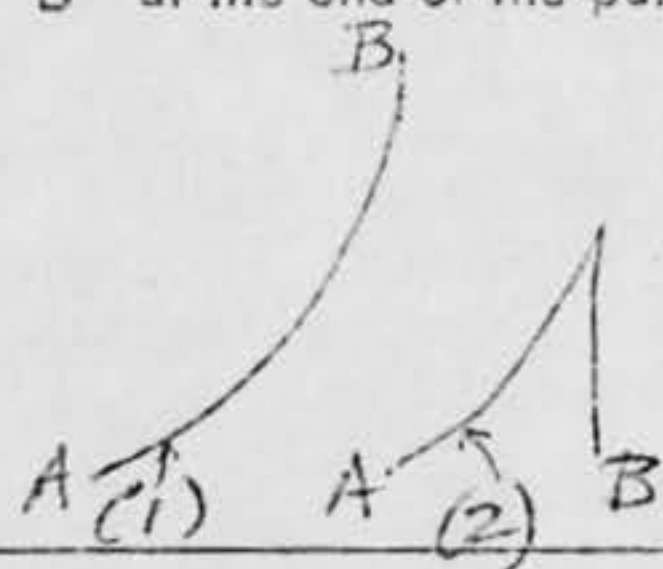
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Can't do.

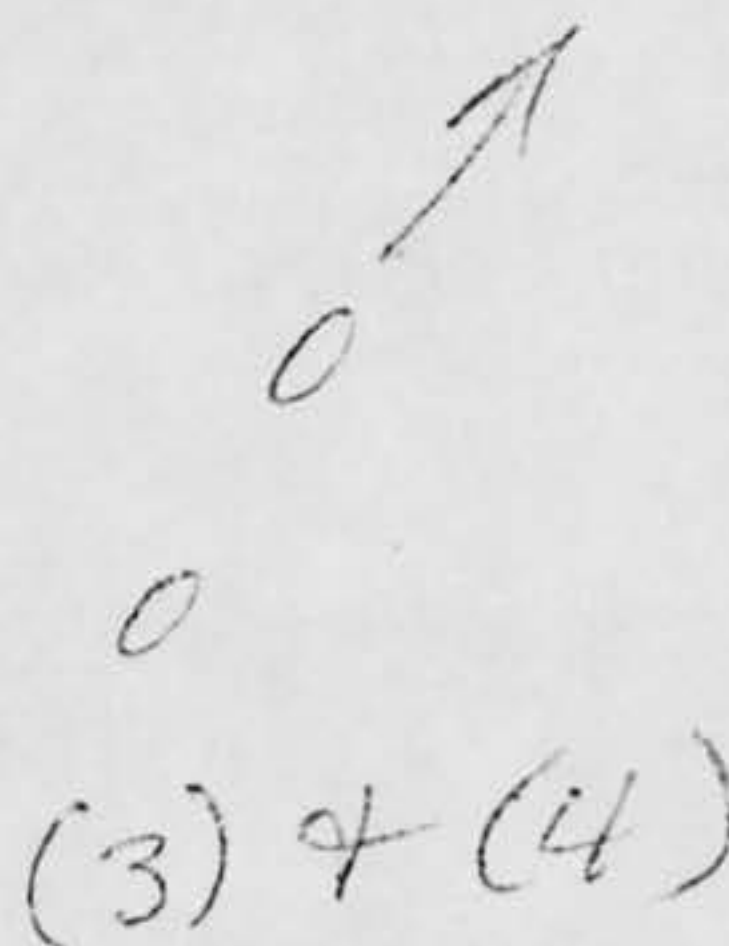
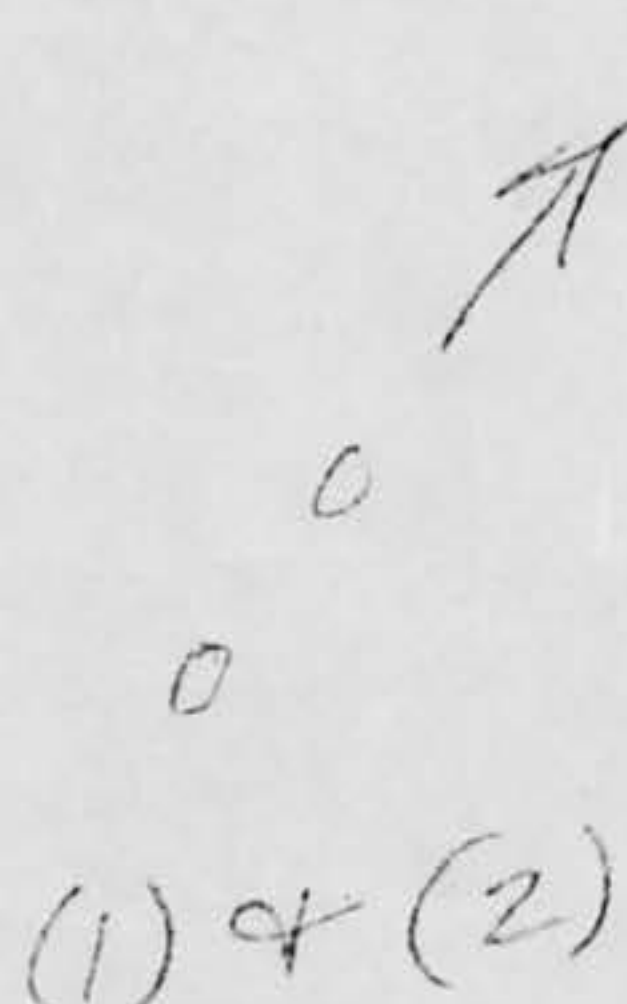
27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? 2 at 0700 ; 2 more at 0722
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



30. Have you ever seen this, or a similar object before. If so give date or dates and location.

No

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

[REDACTED]
(sister - same address)

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day

Month

Year

Report taken by
FTD Staff Duty Officer

34. Date you completed this questionnaire:

6

Day

Mar.

Month

68

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

An airplane passed nearby at approximately 0900. A clear distinction ^{was observed} between the first two objects sighted and the aircraft.

PROJECT 10073 RECORD

1. DATE - TIME GROUP 24 Mar 68 25/0003Z	2. LOCATION Dayton, Ohio (3 Witnesses)
3. SOURCE Civilian	10. CONCLUSION Probable (AIRCRAFT)
4. NUMBER OF OBJECTS One	Information was given to the duty officer. The observer was requested to complete a Form 117 on the sighting but failed to do so. The description is consistent with that of an aircraft.
5. LENGTH OF OBSERVATION 20 Seconds	11. BRIEF SUMMARY AND ANALYSIS Observer sighted a bright white light with a red flashing light. The lights disappeared toward Wright-Patterson AFB. No sound was heard.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE N	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

*Bluesy
Compass*

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

24 Mar

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF:

TDPT/UFO

MAR 27 1968


SUBJECT:

UFO Observation, 24 Mar 1968

TO:

[REDACTED] g
[REDACTED] drive
Dayton, Ohio 45406

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

 JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

Duty Officer Sgt

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

24 Day MAR Month 1968 Year

2. Time of day: 20 03

Hour

Minutes

(Circle One):

A.M.

or

P.M.

3. Time Zone:

(Circle One):

a. Eastern

b. Central

c. Mountain

d. Pacific

e. Other _____

(Circle One): a. Daylight Saving

b. Standard

4. Where were you when you saw the object?

[REDACTED] Nearest Postal Address

DAYTON City or Town

OHIO State or County

5. How long was object in sight? (Total Duration)

— Hours

— Minutes

20 Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

estimate

5.2 Was object in sight continuously?

Yes X

No —

6. What was the condition of the sky?

DAY

a. Bright

b. Cloudy

NIGHT

a. Bright

b. Cloudy Clear

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you

b. In back of you

c. To your right

d. To your left

e. Overhead

f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

like looking at moon light bulb

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- | | | | |
|---|-------|------|------------|
| a. Appear to stand still at any time? | Yes | (No) | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | No | Don't know |
| c. Break up into parts or explode? | Yes | (No) | Don't know |
| d. Give off smoke? | Yes | No | Don't know |
| e. Change brightness? | Yes | (No) | Don't know |
| f. Change shape? | Yes | No | Don't know |
| g. Flash or flicker? | (Yes) | No | Don't know |
| h. Disappear and reappear? | Yes | (No) | Don't know |

14. Did the object disappear while you were watching it? If so, how?

Disappeared over horizon toward WPAFB

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

in front of: _____

17. Tell in a few words the following things about the object:

a. Sound *NO SOUND*

b. Color *Very Bright white (slightly green) / W Bright flashing red light*
looking straight up

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

20. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? ~ 10 miles / 20 sec

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? 200 ft altitude

22. Where were you located when you saw the object?

(Circle One):

- ☒ a. Inside a building
- ☐ b. In a car
- ☐ c. Outdoors
- ☐ d. In an airplane (type)
- ☐ e. At sea
- ☐ f. Other _____

23. Were you (Circle One)

- ☐ a. In the business section of a city?
- ☒ b. In the residential section of a city?
- ☐ c. In open countryside?
- ☐ d. Near an airfield?
- ☐ e. Flying over a city?
- ☐ f. Flying over open country?
- ☐ g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

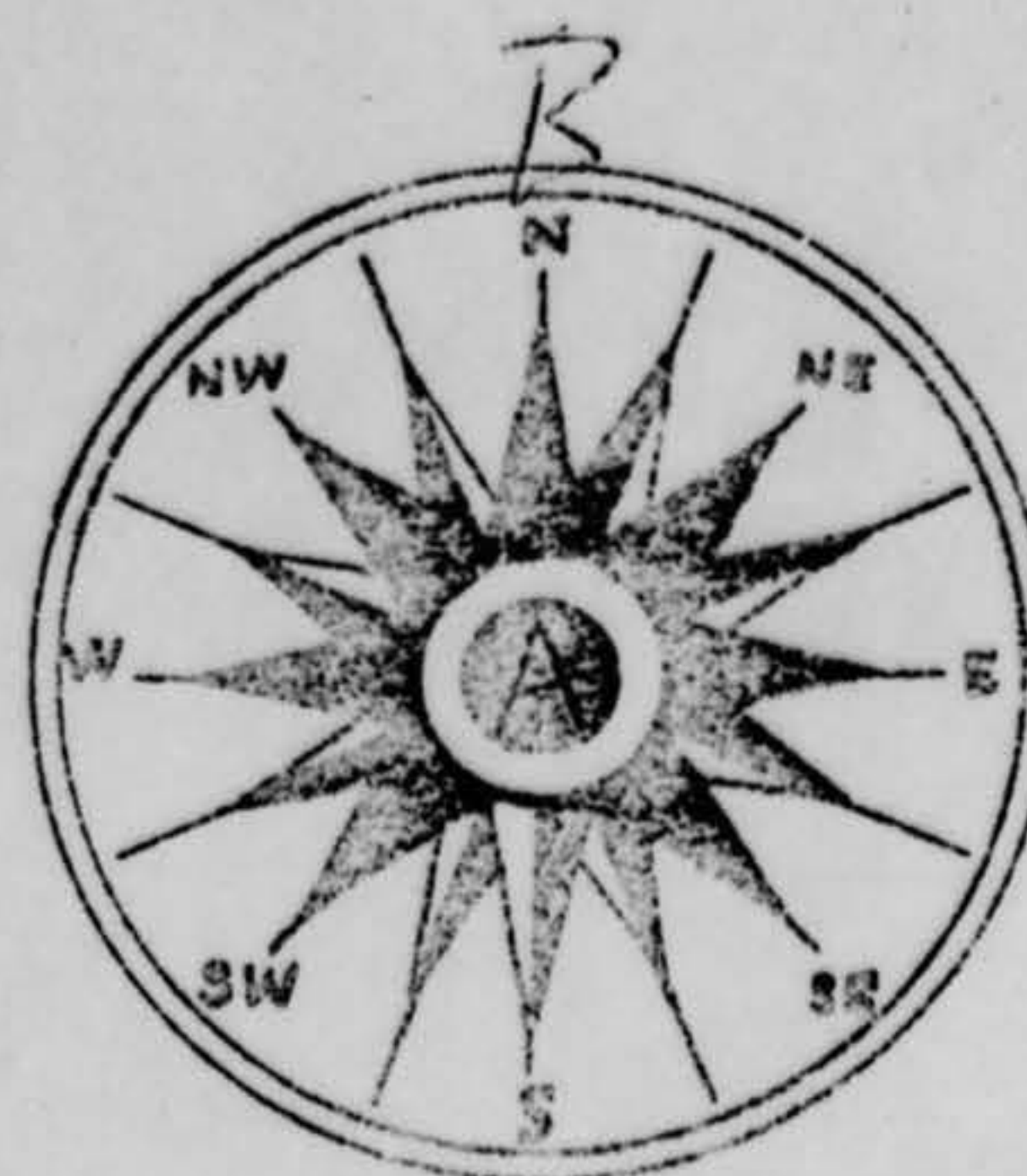
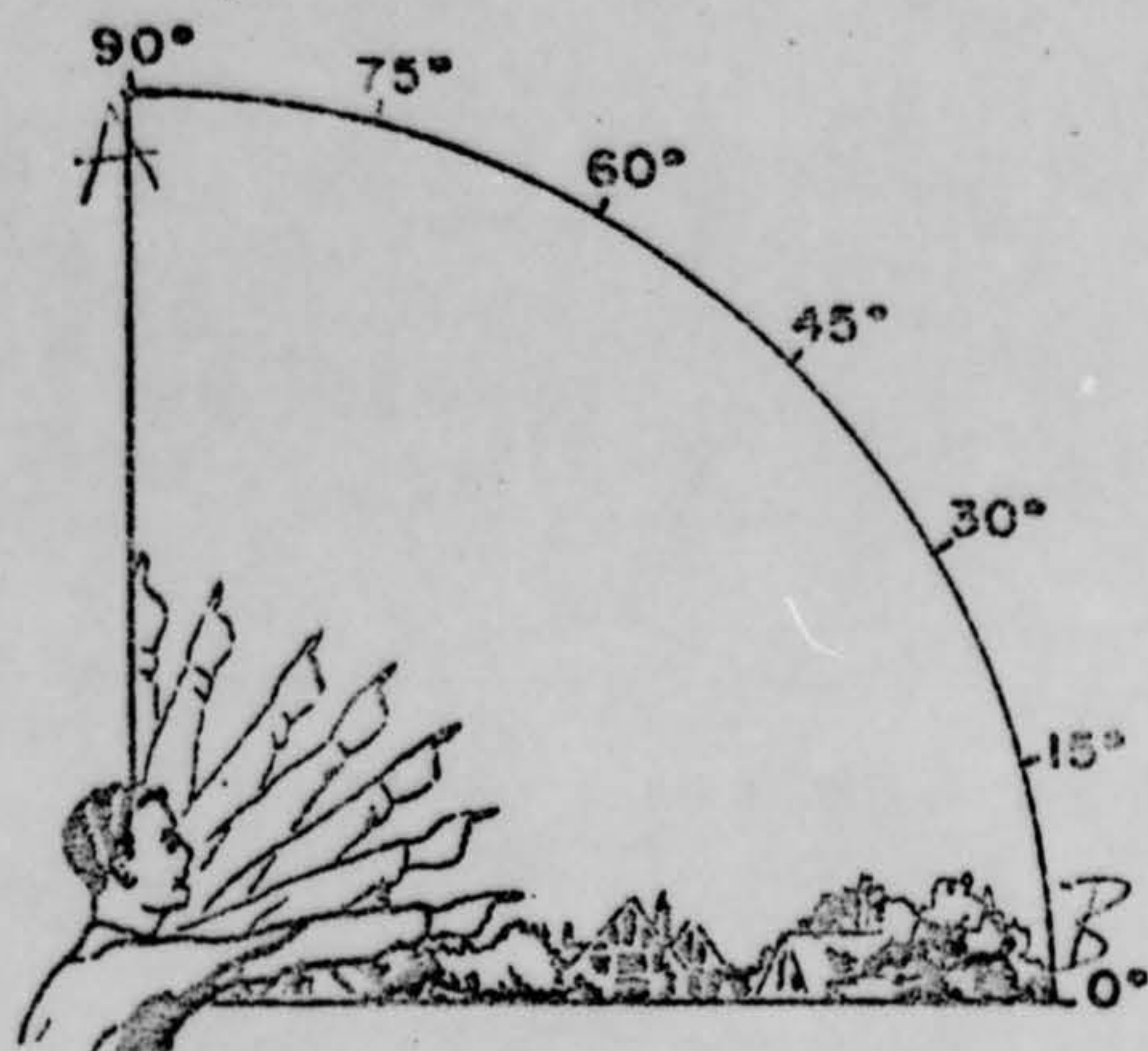
(Circle One) Yes No

25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|--------------------------------------|-------------------------------------|----------------|-----|-------------------------------------|
| a. Eyeglasses | <input checked="" type="radio"/> Yes | <input type="radio"/> No | e. Binoculars | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses | Yes | <input checked="" type="radio"/> No | f. Telescope | Yes | <input checked="" type="radio"/> No |
| c. Windshield | Yes | <input checked="" type="radio"/> No | g. Theodolite | Yes | <input checked="" type="radio"/> No |
| d. Window glass | <input checked="" type="radio"/> Yes | <input type="radio"/> No | h. Other _____ | | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? _____
 Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

ABOUT TWO YEARS AGO. (Same location)

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

[REDACTED]

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

DAYTON

City

Zone

State

TELEPHONE NUMBER

AGE

32

SEX

M

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

24

Day

MAR

Month

1968

Year

SDO/MAJOR WONG
FTD

34. Date you completed this questionnaire:

24

Day

MAR

Month

1968

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.